

**COMPLAINT FORM**

The D.C. Department of Health's Health Emergency Preparedness and Response Administration (HEPRA) is responsible for investigating complaints and incident reports related to Emergency Medical Services (EMS) agencies, educational institutions, response organizations, and providers in the District of Columbia. Under the Emergency Medical Services Act of 2008, HEPRA can take disciplinary action against individuals or organizations that violate EMS laws or regulations.

Disciplinary actions can range from reprimands and probation to summary suspensions and monetary fines. Before taking such actions, HEPRA may attempt to resolve the issue through an interview or hearing. However, if a violation is confirmed, disciplinary action is mandatory.

Each complaint and incident report is treated with the utmost seriousness. HEPRA acknowledges receipt of complaints within 14 business days and issues a final letter upon the case's closure. Complaints must be signed and dated by the complainant, and any identifying information will be shared with the provider involved for a response. While still accepted, Anonymous complaints may be limited in their scope of investigation.

If you have any questions or concerns about EMS services in the District of Columbia, you can contact HEPRA at (202) 671-4222 or via email at [EMS.HEPRA@dc.gov](mailto:EMS.HEPRA@dc.gov).

**Mail, Email, or Deliver Complaints to:**

DC Health Emergency Preparedness and Response Administration (HEPRA)  
Emergency Medical Services (EMS) Program  
2201 Shannon Place, SE (6<sup>th</sup> Floor) Washington DC 20020  
or via email at [EMS.hepra@dc.gov](mailto:EMS.hepra@dc.gov)

1. Identify the type of Health Provider or Facility  
(Example: EMS Agency, EMS Educational Institution)

---

2. Identify the Health Provider (Physician, EMS Clinician, EMS Instructor)

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Phone: \_\_\_\_\_

3. Person making complaint / Relationship to the occurrence

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

4. Nature of complaint  
(Example: Vehicle equipment failure, bodily injury, substandard care)

---

---

---



---

---

---

---

---

---

---

---

---

---

Please attach copies of supporting documents or evidence related to your claim.

Copies of supporting documents attached: \_\_\_\_ Yes \_\_\_\_ No

**I HEREBY DECLARE AND AFFIRM** under the penalties of perjury that the matters and facts set forth in the foregoing complaint are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant