

EMR Practical Examination Complaint Form



I wish to file a formal complaint based upon the following information in accordance with District of Columbia Department of Health EMS policy and NREMT policy that was explained to me during the “Candidate’s Orientation to the Psychomotor Examination.” I fully understand that the decision of the District EMS Official is final and agree to abide by the District EMS Official’s final and official decision.

Skill(s) in question:

Summary of Circumstances:

Name: _____

Signature: _____

Date: _____

NOTE:

Do not leave this site until the District EMS Official informs you of the official decision.