State of California

EMERGENCY MEDICAL SERVICES AUTHORITY

PARAMEDIC INVESTIGATION REQUEST

EMSA 007 (REV. 4-11)

Instructions

. Please fill this form completely. Use additional sheets if necessary.
. Incomplete or omission of information may result in delays or inability to investigate the allegations.
. Please forward Complaints to **10901 Gold Center Drive, Suite 400, Rancho Cordova, Ca. 95670.**

DATE RECEIVED

Case Number

PERSON REGISTERING REQUEST	NAME		Telephone Number	
	ADDRESS (Street Number and Name)			APARTMENT NUMBER
	CITY	COUNTY	STATE CA	ZIP CODE
PARAMEDIC SUBJECT OF REQUEST	PARAMEDIC'S NAME			
	EMPLOYER'S NAME		Telephone Number	
	ADDRESS (Street Number and Name)			APARTMENT NUMBER
	CITY	COUNTY	STATE CA	ZIP CODE

1. Explain incident in detail.

2. Attach supporting documents and explain their importance.

3. Explain any relationships and/or prior contact with the paramedic. Explain circumstances.

I certify that all of the preceding information, which I have provided, is true, correct and complete to the best of my knowledge

SIGNATURE	DATE SIGNED