



EMS INVESTIGATION REQUEST FORM

Person Requesting Investigation:

Contact Information:

Incident Date and Time:

Incident Location:

Hospital Medical Record Number
(if available):

Individuals and Agency Involved in
Incident:

Section Number of ordinance, policy,
or procedure that was violated:

Complaint/ Allegation
(attach additional sheets if necessary):

I believe that the above is accurate and true, and herby request that the Alaska Office of EMS investigate the incident.

Date (mm/dd/yyyy)

Signature

Email completed form and all other attachments to
todd.mcdowell@alaska.gov and eugene.wiseman@alaska.gov.

STATE OF ALASKA
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