

Dear Concerned Citizen:

The Stratford Emergency Medical Service continuously strives to maintain a high level of professionalism and courtesy in the performance of our duties. In most situations, there is satisfaction and confidence in the duties performed by our licensed MRTs, EMTs, EMT-Is, or CT-Licensed Paramedics. However, we do realize that there are some instances where a licensed MRT, EMT, EMT-I, or CT-Licensed Paramedic's conduct and/or actions need to be scrutinized. Attached you will find the "**Citizen Complaint Form**". This form and procedure has been developed for such instances.

Please take the time to read and carefully understand the questions that are being asked of you. Fill out the form completely and accurately. Only include statements or facts about events you have personally witnessed. If there are other witnesses, please ensure that you put their proper name(s) and accurate contact information on the appropriate part of the form. Have the form notarized and the information sworn under oath.

The completed form must be returned to the Fire Department within sixty-days (60) from the time of the incident. Please place the form in a sealed envelope, and mark it to the attention of the "**Deputy Chief's Office**". You may drop it off in person or mail it to the **Stratford Fire Department, 2750 Main Street, Stratford, CT 06615**.

Upon receipt, the form will be reviewed to determine the appropriate course of action. In any event, a supervisor from the department will contact you by telephone or mail regarding your complaint. During the course of this process, you will be updated on a periodic basis as to the progress of the investigation and will be notified in writing as to the final results.

Please be assured the Stratford Fire Department will thoroughly investigate every complaint initiated in an impartial and unbiased manner without favoritism or intimidation.

Sincerely,

James Cavanaugh
Fire Chief

Stratford Fire Department
2750 Main Street
Stratford, CT 06614
Phone (203) 385-4070 Fax (203) 385-4019
www.townofstratford.com



Incident # _____

CITIZEN COMPLAINT FORM

Day of Week Incident Occurred		Date of Incident		Time of Incident		Location of Incident	
Complainant's Name-Last, First, Middle		Date of Birth	Age	Sex	Race, Ethnicity or National Origin		
Home Address (#, street, city, state, zip)					Home Telephone / Cellular Phone		
Work Address (if applicable)			Occupation		Work Telephone / Cellular Phone		
Witness (name, address, telephone #)				Witness (name, address, telephone #)			
EMS Workers Involved (name, badge number, etc.)					Ambulance Number/Description		
Physical Description of EMS Worker(s) (hair and eye color, height, sex, race/ethnicity, etc.)							
Describe Injuries (if any)				Where Treated (hospital, doctor, etc.)			
Preferred Language of Communication (if other than English)							
Names, Telephone Number(s) or Contact Information of Other People Present During the Incident (including other EMS workers)							
Have you reported this to anyone previously?				If so, whom and when?			
YES NO							

For office use only:

Person receiving complaint:	ID Number:	Place taken:	Date & Time:

