

EMS Commendation / Complaint Form

This form may be used to make a formal commendations or complaints about the service provided by the ambulance service in Effingham County. This form will be kept confidential. This form is not to be used to dispute a bill. Please return to:

*Effingham County Board Office
101 N 4th St, Suite 301
Effingham, IL 62401
Attn: Ambulance Oversight Committee*

Contact Information

First Name: _____

Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Incident Details

Category: **Commendation** **Complaint**

Date of Incident: _____ **Time of Incident:** _____

Location of Incident: _____

Name of EMS employee(s) (if known): _____

Description of Incident: _____

