



## Seymour Ambulance Association

### Complaint Form

This form may be used to make formal complaints about the service provided by Seymour Ambulance Association.

Please send completed form to: Seymour Ambulance Association, Quality Improvement Division, 4 Wakeley Street, Seymour, CT 06483 or form can be emailed to: [kkelley@seymouremms.org](mailto:kkelley@seymouremms.org)

First Name:	Last Name:
Street Address:	
City:	State & Zip:
Telephone No.:	Email Address:
Date of Incident:	Time of Incident:
Location of Incident:	
Name(s) of SAA personnel (if known):	
Description of Incident:	

Signature: \_\_\_\_\_ Date form submitted: \_\_\_\_\_

Please attach additional sheet(s) or supporting documents as necessary