



UTAH DEPARTMENT OF  
**HEALTH**

Bureau of Emergency Medical Services and Preparedness  
Complaint Compliance and Enforcement Unit

### R426-5-3200 (7), (8) Report Form

Date:

Name of Reporting Individual:

Phone Number and Email:

Name of EMS Individual Involved:

EMS ID:

Date of Incident:

Nature of Incident:

Detailed Description of Incident:

Location where incident occurred:

Action taken by Agency (to date):

EMS Individual's Affiliated Agencies:

Email form to: [clearance-EMS@utah.gov](mailto:clearance-EMS@utah.gov)