Emergency Medical Planning Council
c/o Health Care Services
601 E. Kennedy Blvd., PO Box 1110
Tampa, FL 33601

DEFICIENCY FORM

Filing a complaint is the best way to address improper service. An investigation will be conducted and you will be notified of any action taken or if additional information is required.

Name: _____ Date: _____

Address: _____ Telephone (Home): _____

_____ Telephone (Work): _____

Please complete, sign and return this form providing as much information as possible.

Indicate specific violation as listed in Ordinance 06-9, Section 9: Certificate Revocation, Modification, Suspension or Affirmation. (check all that apply)

☐ 9.1.1 ☐ 9.1.4

☐ 9.1.2 ☐ 9.1.5

☐ 9.1.3 ☐ 9.1.6

DESCRIPTION OF DEFICIENCY:

If specific to date and/or time please indicate below. Please provide as much information reference the contended deficiency.

Date: _____ Time: _____ ☐ AM ☐ PM ☐ N/A Place: _____

_____

_____

_____

_____

_____

Signature: _____ Date: _____