BRITISH COLUMBIA | Ministry of Health

EMERGENCY MEDICAL LICENSING BOARD

COMPLAINT REGISTRATION

Issues which are NOT WITHIN the authority of the Board include:

Complaints about

- A person practicing without an EMA licence
- Employer/employee workplace matters
- Employee Performance Management or similar Human Resources Issues

Issues which ARE WITHIN the authority of the Board include:

- Breaches of the EMA Code of Ethics
- Incompetence within scope of practice
- Practice exceeding licensed scope of practice

PERSON MAKING COMPLAINT

Your Name	Telephone Number (include area code)	Date of Submission / Email Address	
Address		Province	Postal Code

COMPLAINT ABOUT

Name of Emergency Medical Assistant	Employee or Licence No. (if known)	Patient Care Report No. (if known)
Other Identifying Information		

PATIENT INFORMATION

Are you the patient? ◯ **Yes** ◯ **No** ***If no, please provide patient information below:***

Name of Patient	Telephone Number (include area code)	Email Address	
Address of Patient		Province	Postal Code

Is the Patient aware that you are complaining on their behalf?

◯ Yes ◯ No *Please note EMALB may need the Patient's consent to investigate particular aspects of the complaint.*

What is your relationship to the Patient?

◯ Family Member ◯ Guardian/Committee/Representative ◯ Healthcare Provider ◯ Friend ◯ Other (specify)

COMPLAINT DETAILS

Nature of Complaint

☐ Quality of care provided by EMA ☐ Patient abandonment/neglect ☐ Racism

☐ Care beyond scope of practice of EMA ☐ Gender bias ☐ Other (specify)

Would you be willing to testify if this matter goes to a formal hearing?

◯ Yes ◯ No

If this matter involved criminal conduct, you should contact your local law enforcement authority.
Have you contacted your local law enforcement authority?

◯ Yes ◯ No	If yes, name of person or office that you contacted	When did you make this contact?	Case Number, if available

If you do not know the Patient Care Report number, please provide the date, time, and place when the matter about which you are complaining occurred.

In your own words, briefly describe what happened.

Specifically, what is your complaint?

COMPLAINT DETAILS continued

To summarize, what do you believe the EMA did wrong?
Does anyone else have first-hand knowledge of what happened? (If so, please give their full name, address and phone number)
Other information you wish to include:
What outcome are you seeking?
Have you reported this matter to, or filed a complaint or started an action with, any other person, agency or organization? If yes, please provide the name of the person, agency or organization which you have contacted, the date of contact and information about any action they have taken or what findings they have made.

Are you a licensed EMA? ◯ Yes ◯ No	If yes, please provide your license number

You may submit this form by email, fax, or mail.

Email:
makeacomplaint@gov.bc.ca

Fax:
250-952-1222

Mail:
Attention: Board Liaison Officer, EMA Licensing Branch, Ministry of Health
PO Box 9625 Stn Prov Govt
Victoria BC V8W 9P1

Mark clearly on the envelope "Confidential, open by addressee only"

Emergency Medical Assistants are regulated by the EMA Licensing Board under the authority of the Emergency Health Services Act and the Emergency Medical Assistants Regulation. Action which may be taken by the EMA Licensing Board in response to complaints is administrative in nature. The board uses educational measures to deal with practice issues, wherever possible. These measures may include requiring the preparation of research papers and retraining. Other actions which may be taken include: licence suspensions, the imposition of terms or conditions on a licence, or licence revocation. The EMA Licensing Branch is not a law enforcement agency. If you believe the conduct which gave rise to your complaint may be a crime, please report it to your local law enforcement agency immediately.

This personal information is collected by the EMA Licensing Branch under the authority of Section 26 (c) of the *Freedom of information and Protection of Privacy Act*. This information will be used to process and investigate complaints under Sections 7 and 8 of the *Emergency Health Services Act*. If you have any questions about the collection of this information, contact EMA Licensing at Box 9625 Stn Prov Govt, Victoria BC, V8W 9P1, phone 250 952-1211.

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