

STATE OF CALIFORNIA  
**PARAMEDIC INVESTIGATION REQUEST**

EMERGENCY MEDICAL SERVICES AUTHORITY

EMSA 007 (REV. 4-24)

**Instructions**

This form must be filled out completely. Use additional sheets if needed. Send the completed form and any supporting documents to:  
**11120 International Drive, 2<sup>nd</sup> Floor, Rancho Cordova, CA 95670.**

\*Incomplete or omission of information may result in delays or inability to investigate the allegations.

<b>DATE RECEIVED</b>

Case Number
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<b>PERSON REGISTERING REQUEST</b>	Name		Telephone Number	
	Address (Street Number and Name)			
	City	County	State	Zip Code

<b>PARAMEDIC SUBJECT OF REQUEST</b>	Paramedic's Name			
	Employer's Name		Telephone Number	
	Address (Street Number and Name)			
	City	County	State CA	Zip Code

1. Explain incident in detail.

2. Explain any relationship and/or prior contact with the paramedic.

3. Supporting documents, if applicable.

Check here if you attached additional documentation.

**I certify that all preceding information is true, correct, and complete to the best my knowledge.**

Signature	Date Signed
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