



## **REGION 11 CHICAGO EMS SYSTEM POLICY**

Title: Request for Clarification (RFC) / Complaint Investigation

Section: Quality Improvement

Approved: EMS Medical Directors Consortium

Effective: December 17, 2025

# **REQUEST FOR CLARIFICATION (RFC) / COMPLAINT INVESTIGATION**

## **I. PURPOSE**

To define the process to review issues or concerns regarding prehospital patient care within the EMS System.

## **II. DEFINITION**

- A. Request for Clarification (RFC): When a system participant requests Resource Hospital review of an incident.
- B. Complaint: Problems related to the care and treatment of a patient. For the purposes of this policy, “complaint” means a report of an alleged violation of the EMS Act or its rules and regulation by any system participant, EMS provider, or member of the public.

## **III. POLICY**

- A. Any person or system participant may submit a Request for Clarification (RFC) or a complaint regarding an incident.
- B. Submitting a RFC/complaint:
  - 1. EMS Providers and EMS System Participants: RFCs/complaints should be submitted to the Resource Hospital on the attached form, but may also be submitted by phone, email, or verbal report with the required information.
  - 2. Patients and Members of the Public: Complaints should be submitted to the IDPH Central Complaint Registry Hotline by calling 800-252-4343 (Monday-Friday 8:30 am – 4:30 pm). For additional information regarding how to file a health care complaint, please visit <https://dph.illinois.gov/topics-services/health-care-regulation/complaints.html>.
- C. Examples of common RFCs/complaints include, but are not limited to:
  - 1. Deviations in EMS protocols or policies;
  - 2. Direction or orders given by Online Medical Control; and/or
  - 3. Problems or incidents related to the care and treatment of a patient
- D. The Resource Hospital EMS System Coordinator and EMS Medical Director will review submitted RFC/complaints and obtain information needed to investigate the incident.
- E. The name of the complainant shall not be disclosed unless the complainant consents in writing to that disclosure.
- F. IDPH may conduct a joint investigation with the EMS Medical Director and EMS Coordinator if a death or serious injury has occurred or there is imminent risk of death or serious injury, or



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if the complainant alleges action or conditions that could result in a denial, non-renewal, suspension, or revocation of licensure or designation.

- G. The EMS Medical Director shall forward the results of any investigation with disciplinary action to IDPH.
- H. Documentation of the investigation shall be retained at the hospital in accordance with the Resource Hospital record retention policy and shall be available to IDPH upon request. The investigation file shall be considered privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8 -2101], except that IDPH and the involved EMS System may share information. IDPH's final determination shall be public information.
- I. IDPH will determine whether the Act or which part is being violated based upon information submitted by the complainant and the results of the investigation conducted in accordance with section F.
1. IDPH will have final authority in the disposition of a complaint investigation. Complaint investigations will be classified as valid, invalid, or undetermined.
  2. IDPH will inform the complainant and the System Participant or provider of the complaint results within 20 days after its determination.
  3. An EMS System participant or provider who is dissatisfied with the determination or investigation by IDPH may request reconsideration by IDPH within seven business days of the determination.
- J. The attached Request for Clarification (RFC) or Complaint Form should be copied and made available to the public and participants of the EMS system. It should be made accessible at the Resource and Associate Hospital EMS offices and Participating Hospital Emergency Departments.



# REGION 11 EMS REQUEST FOR CLARIFICATION (RFC) OR COMPLAINT FORM

## CONFIDENTIAL

THIS IS A CONFIDENTIAL QUALITY IMPROVEMENT DOCUMENT.  
DO NOT COPY OR MAKE REFERENCE TO ITS COMPLETION IN THE MEDICAL RECORD/PATIENT CARE REPORT.

Date and Time of Occurrence: \_\_\_\_\_

EMS Agency and Unit Number: \_\_\_\_\_ Event or Incident Number: \_\_\_\_\_

Hospital or Facility Where the Patient Was Transported: \_\_\_\_\_

Hospital Log or Report Number: \_\_\_\_\_

EMS Personnel Name(s): \_\_\_\_\_

Names of the Patient, Entities, Family Members, and Other Persons Involved:

\_\_\_\_\_  
\_\_\_\_\_

Relationship of the Complainant to the Patient or the Provider: \_\_\_\_\_

Patient Condition and Status: \_\_\_\_\_

Details of the Situation:

Name of Person(s) Submitting Form:

\_\_\_\_\_

Form Submitted To: \_\_\_\_\_

Date Form Submitted: \_\_\_\_\_

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