



Spearfish Emergency Ambulance Service, Inc.
715 E. Colorado Blvd.
Spearfish, SD 57783
605.642.8810
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SEAS TC Complaint Record

Complaint regarding BLS PALS ACLS Date Complaint Received: _____

Specifics of Complaint:

Class _____ Date of Class _____

Instructor _____

Nature of Complaint (Be specific, i.e., exactly what is it that you don't like?) _____

Person Reporting Complaint _____ Phone: _____

Note: we are unable to follow-up on a complaint without the name and phone number.

RESPONSE TO COMPLAINT

CTC Reviewer _____ Date of Review _____

Finding from Class Evaluations

Recommend review by Regional Faculty? Yes No

Regional Faculty : _____ Date Began _____ Date Ended _____

Findings from Review of Course Curriculum: _____

Findings of Class Observation (Attach TC Class Monitoring Form)

NOTE: Attach copies of all correspondence with instructor and reports regarding this complaint.

Remarks from Follow-up Meeting with Instructor:

Regional Faculty Recommendation (be specific)

Training Center - Action Subsequent to Reviews and Follow-up

Final Action _____

Date of Action _____

Categorize the TYPE of Complaint as determined by Regional Faculty & TC Coordinator:

- Instructor Competency in Subject Area
- Instructor Verbal Communication
- Instructor’s Use of A-V Equipment
- Adherence to AHA Guidelines
- Organization of Class
- Quality of Equipment
- Quality of Handouts
- Classroom Physical Environment
- Other – specify _____

NOTE: Attach copies of all correspondence with instructor and reports regarding this complaint.