Public Inquiry and Comment Form

To make comments, inquiries or state any concerns about the service provided by Crowsnest Pass EMS, please fill out the following form and mail it to the below address. All information provided to Crowsnest Pass EMS will remain confidential. All comments, inquires, and concerns will be addressed by the management and management advisory committee of Crowsnest Pass EMS.

Crowsnest Pass EMS
Box 1486
Blairmore, Alberta
T0K 0E0

Date: _____ Name: _____

Address: _____

Telephone Number: _____

Patient Name: _____

Patient Address: _____

Location of Ambulance call: _____

Date of Ambulance call: _____ Time of Ambulance call: _____

Concerns: _____

Attach any documentation or additional pages if necessary.