



PSYCHOMOTOR SKILLS GRIEVANCE COMMITTEE REPORT

State Form 54593 (R / 1-14)



Grievance Committee Report			
Name of Candidate		Exam Site	
Date (month, day, year)		Station	
Examiner		Telephone number of Examiner	

After reviewing the facts presented, the Grievance Committee's official decision is as follows:

☐	Nullify the results of the station(s) in question regardless of the score and repeat the same station(s).
☐	Complaint is not valid after consideration of the facts and all results in question stand as reported.

We the undersigned have reviewed the candidate's complaint based upon all facts presented. The candidate was informed of the Grievance Committee's decision by the State Representative.

Signature of Medical Director

Signature of Examination Coordinator (Primary Instructor)

Signature of State Representative

As the complainant, I have been informed of the Grievance Committee's official and final decision.

Signature of Candidate

Date (month, day, year)

This Form MUST BE SUBMITTED to the Indiana Emergency Medical Services Commission office with all examination materials.