

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Occupational Licensing Division – 0509  
Hearing Aid Dealer and Fitter Section  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5243  
Fax: (405) 271-5286  
[www.health.state.ok.us/program/ol/info.html](http://www.health.state.ok.us/program/ol/info.html)

Complaint No. \_\_\_\_\_

**COMPLAINT FORM**

**Please print or type information requested below AND maintain a copy for your records.**

Name of person making complaint \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**COMPLAINT AGAINST**

Name of Individual \_\_\_\_\_ License No. \_\_\_\_\_

Company Name \_\_\_\_\_

Check license type:  Hearing Aid Dealer and Fitter  Temporary Hearing Aid Dealer and Fitter  Unlicensed

Street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

**PLEASE CHECK NATURE OF COMPLAINT**

- Incompetence  Conviction of a Crime  Deceptive Advertising  
 Unethical Conduct  Misrepresentation as an Audiologist  Improper Testing Procedures  
 Other \_\_\_\_\_

(Over)

**Please provide a detailed statement of your complaint in the space below (attach additional pages, if necessary), which includes the nature, circumstances, and date(s) of the alleged violations.**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

Attach signed and dated additional pages as necessary. Also attach copies of any related documents. **Include a copy of your sales agreement and contract. DO NOT SEND ORIGINALS.**

The information given is true and accurate to the best of my knowledge. I realize the Oklahoma State Department of Health may not be able to take action without my cooperation in providing additional information, if requested.

**RETURN TO:**

Oklahoma State Department of Health  
Occupational Licensing Division - 0509  
1000 N.E. 10<sup>th</sup> Street  
Oklahoma City, OK 73117-1299

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**A complainant's identity or anonymity can be preserved based upon the Open Records Act. If the record is produced pursuant to a request, then the identity of the complainant should be blackened out or redacted from the document before it is produced; however, subpoenas issued either for an individual administrative proceeding or for a civil suit would require disclosure or production of the document and thus identify the plaintiff.**