

**PROTECTIVE  
HEALTH  
SERVICES**

**Oklahoma State Department of Health**

Protective Health Services - 0501  
Long Term Care  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-6868  
FAX: (405) 271-3442

**Notification of Nurse Aide Abuse, Neglect,  
Mistreatment or Misappropriation of Property**

Refer to: \_\_\_\_\_

Facility Type: \_\_\_\_\_

*Print or Type all Information*

\_\_\_\_\_  
Name of Facility \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

\_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Administrator or Reporting Party \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
SSN \_\_\_\_\_ Certification Number \_\_\_\_\_ Telephone \_\_\_\_\_

Termination: ( ) Yes ( ) No Termination Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Other Contact Person

\_\_\_\_\_  
Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

**FACTS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT'S PROPERTY:**

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