

# **LONG TERM CARE FACILITY** **COMPLAINT PROCEDURE**

1. Any person with personal knowledge or substantial specific information who believes State or Federal regulations have been violated may file a complaint.
2. A complaint may be made in writing, by telephone, e-mail or in person. The Department shall reduce verbal complaints to writing.
3. The name of the complainant shall remain confidential unless otherwise indicated by the complainant.
4. The Department shall schedule an unannounced investigation and shall make written findings available.
5. A written report shall be provided to the complainant and the facility after the findings are made. The investigative report may be sent to one other person at the request of the complainant.
6. The investigative report shall include the following:
  - a) Nature of the allegation(s).
  - b) Written findings.
  - c) Deficiencies, if any, related to the complaint investigation.
  - d) Other relevant information.
7. Information in #5 above shall be available to the public.

Complaints should be referred to: **Jennifer McKinnon, Coordinator**  
**LTC Complaints Division**

Mailing address: **Oklahoma State Department of Health**  
**Protective Health Services - 0501**  
**1000 NE 10th Street**  
**Oklahoma City, OK 73117-1299**

E-mail address: [LTCComplaints@health.ok.gov](mailto:LTCComplaints@health.ok.gov)

Telephone: **1-800-747-8419 or (405) 271-6868**

Fax: **1-866-239-7553 or (405) 271-4172**

Any person who willfully or recklessly makes a false request for an investigation without a reasonable basis in fact for such a request shall be liable in a civil suit for any actual damages suffered by a facility and for any punitive damages set by the court or jury. (63 O.S. 1-1940)

Authorized by: **James M. Crutcher, M.D., M.P.H.**  
**Secretary of Health and Commissioner of Health**