

Describe your complaint in detail including the nature, frequency, duration, circumstances, and date(s) of the alleged violation. If you need additional space, please make copies of this page. If your complaint pertains to court testimony, please include a copy of the court transcript documenting the testimony in question.

The information given above and attached is true and accurate to the best of my knowledge. I realize the serious nature of filing such a complaint and recognize that the Oklahoma State Department of Health may not be able to take action without my cooperation in providing additional information if requested.

Signature of complainant: _____ **Date:** _____