



Protective  
Health Services  
Oklahoma State  
Department of Health



Home Care Administrator Registry  
1000 NE 10th Street  
Oklahoma City, OK 73117-1207  
Telephone: (405) 271-4085  
FAX: (405) 271-1130  
E-mail: HCAR@health.ok.gov

**Home Care Administrator Registry Complaint**

Date Complaint Received: \_\_\_\_\_ Complaint #: \_\_\_\_\_

Personnel Recording Complaint: \_\_\_\_\_

Type of Initial Complaint:      Written       In Person       Telephone

Referral  \_\_\_\_\_

Complaint Made By: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Administrator: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Location of Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Alleged Violation: \_\_\_\_\_

Nature of Complaint:

Date of Acknowledgement: \_\_\_\_\_

Rules Applicable to Allegation(s):