



## COMPLAINT FORM

To submit a complaint about a City or County Detention Facility complete the below listed information. The completed form may be submitted via e-mail at [ccdf@health.ok.gov](mailto:ccdf@health.ok.gov) (Click submit button at bottom of form); fax at (405) 271-5304, or mail to the above listed address. (One complaint form for each facility)

### CHECK THE ISSUES THAT BEST DESCRIBE YOUR COMPLAINT

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| Medical                                      | Safety & Security  |
| Medication                                   | Food (Preparation, Temperature, Diet, Quantity, Nutrition, etc.) |
| Sexual Abuse (PREA )                         | Fire Safety (Occupant Load, Capacity, Alarm System, etc.)        |
| Physical Abuse                               | Hygiene Items (Soap, Toothbrush & Paste, Razor, etc.)            |
| Living Quarters (Cell, Pod, Room, Shower)    | Clothing, Bedding, Shoes, etc.                                   |
| Living Conditions (Water,Light, Temp, etc. ) | Sanitation Standards (Cleaning Supplies, etc.)                   |
| Pest Control                                 | Other  |

### 1. Facility (i.e. City or County Detention Facility)

Name of Facility		Phone Number (Include Area Code)	
Address			
City		State	Zip Code

### 2. ANONYMITY DESIRED? Please Note: All complaints are confidential.

YES (Complainant will not receive a letter of the investigative findings. Skip to Item #4)

NO (Complete Item #3)

### 3. COMPLAINANT

First Name		Last Name		Phone Number (Include Area Code)	
Address				E-Mail	
City		State	Zip Code		

**4. VICTIM/INMATE**

First Name	Last Name	Phone Number (Include Area Code)	
Address		Relationship with Complainant	
City	State	Zip Code	

**5. DATE OF INCIDENT/OCCURENCE:**

**TIME OF INCIDENT/OCCURENCE:**

**6. Is the Victim/Inmate still housed at the Facility reported in item #1?**

YES

NO If NO Please Provide Discharge Date:

**7. LIST WITNESSES (i.e. Other Victims, Inmates, Staff, Visitors, Family Members, etc.)**

First Name	Last Name	Contact Information (Phone and/or E-Mail)

**8. Did Inmate address issue with the Facility?(Greivance Procedures)**

**YES**

**NO (Skip to Item #11)**

**9. What has the Facility done to remedy the situation?**

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**10. Have you contacted any other Agency?**

**YES**

**NO**

If YES, Provide Name of Agency

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**11. What outcome would you like to occur from this complaint?**

**12. PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT/OCCURENCE (i.e. Who, What, When, Where, How, Why)**