



JAIL COMPLAINT FORM

To submit a complaint about a jail facility, complete the following information. The completed form may be submitted via fax at (405) 271-5304; E-mail at jails@health.ok.gov; or mail to the Jail Inspection Division, Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City, OK 73117.

ANONYMOUS? You may file an anonymous complaint. Provide as much information as you can. The more we have the better our ability to investigate.

Date: _____

Facility: _____

Location: _____

Name of Inmate(s): _____

Complainant(s): _____

Please include the following information to help us complete the investigation.

1. What happened: _____

If not included above, please answer the questions on the following page:

2. What floor, pod and/or cell #? _____

Jail Complaint Form (continued)

3. When did this last happen, be as specific as possible with dates and times? _____

4. Did this happen once or many times? Provide the other dates or a date range. _____

5. Has this happened in other pods, or cells? If so, where? _____

6. Are you aware of any other inmates that have had this problem? If so who? _____

7. List any other staff or inmates involved or any witnesses to the event. _____

If we may call for follow-up questions, please provide a phone number: _____

If you want a response please provide your name and address:

Name: _____

Address: _____

City, State and Zip code: _____