

COMPLAINT FORM

Protective Health Services
Medical Facilities Service
medfaccomplaints@Health.ok.gov



Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, Oklahoma 73117
Hours of Operation Monday – Friday
8:00 AM to 5:00 PM

Complaint Hotline - (405) 271-6576

Home Health Complaint Hotline - 800-234-7258 (24 hours, 7 days a week)

Select one Agency or Facility type (Complete one complaint form for each agency/ facility)

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| Hospital | Rural Health Clinic |
| Home Health Agency | Clinical Laboratory |
| Hospice Agency | Comprehensive Outpatient Rehabilitation Facility |
| Ambulatory Surgical Center | Workplace Drug & Alcohol Testing |
| Portable X-Ray Service | Abortion Facility |
| Community Mental Health Clinic | Outpatient Physical Therapy/Speech |
| Psychiatric Residential Treatment Facility | Dialysis |

1. Agency/Facility

Name of Agency/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/PATIENT

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/Patient/Client still receiving care from the Agency/Facility reported in item #1?

YES

NO If NO Please Provide Discharge Date:

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

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

8. Has this complaint been addressed with the Agency/Facility?

YES

NO (Skip to Item #11)

9. What has the Agency/Facility done to remedy the situation?

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10. Have you contacted any Law Enforcement 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)