

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Protective Health Services  
Consumer Protection Division- 0507  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5243  
FAX: (405) 271-3458

County # \_\_\_\_\_

Complaint # \_\_\_\_\_

**COMPLAINT/ENCOUNTER REPORT**

(1) FOOD (2) POOL (3) RABIES (4) HOTEL/MOTEL (5) BARBERSHOP (6) DRUGS (7) NUISANCE  
(8) HEALTH FRAUD (9) BEDDING/CPS (10) DAY CARE (11) SMOKING (12) OTHER \_\_\_\_\_

Complaint made by: \_\_\_\_\_  
Name

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address State Zip Area Code - Telephone

Complaint Against: \_\_\_\_\_  
Name

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Address State Zip Area Code - Telephone

**Description of Complaint:**

**Finding Location:**

**Investigation Data:**

**Evaluation & Disposition of Complaint:**

Taken By: \_\_\_\_\_

Date of Complaint: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Form of Complaint:**

- (1) Telephone  
(2) Letter (3) Visit

**Source of Complaint:**

- (1) Individual  
(2) Other Gov't Agency  
(3) Other \_\_\_\_\_

**Referred to:**

- (1) State/Central Office  
(2) Local County Office  
(3) Municipality  
(4) DEQ  
(5) Other \_\_\_\_\_

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Name and RS # \_\_\_\_\_

Date of Investigation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Follow up Date: \_\_\_\_/\_\_\_\_/\_\_\_\_