Creating a State of Health

PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Consumer Health
PO Box 268815
OKC, OK 73126-8815
Telephone: (405) 271-5243
FAX: (405) 271-3458

CONSUMER HEALTH SERVICE COMPLAINT FORM

Please check the Consumer Health Licensing Program that you wish to file a report on:

☐FOOD/RESTAURANT ☐ RABIES/DOG BITE ☐ SMOKING ☐ XRAY UNIT
☐ HOTEL/MOTEL ☐ BEDDING ☐ POOL ☐ HEALTH FRAUD
☐ SANITARIAN ☐ HEARING AID ☐ GENETIC COUNSELOR
☐ BODY PIERCING ☐ MEDICAL MICROPIGMENTATION ☐ DRUG MANUFACTURING
☐ TATTOO ☐ OTHER:_____

***Name and contact information are kept as **CONFIDENTIAL**. To allow investigators an opportunity to follow-up or request additional information please include your name and contact information.*

Name of Person Filing Complaint: _____

Mailing Address: _____
Address

_____ _____ _____
City State Zip

Email Address: _____

Primary Phone: _____

Complaint Against (Name): _____ Lic# (if applicable): _____

Address/Location: _____

_____ _____ _____
City State Zip

Nature of Complaint (Description): Phone: _____

_____

_____

(Please add additional pages as necessary to complete this information.)

OFFICIAL USE ONLY

Date Received: _____ By: _____ Date Referred: _____

Form: ☐ Telephone ☐ Letter ☐ Email ☐Visit Source: ☐Individual ☐Other Gov't Agency ☐Other: _____

Referred to: ☐State/Central Office ☐ Local/County ☐ DEQ ☐ Municipality: _____

☐Other: _____ _____ _____
Referred To Mailing Address or Email Phone

Investigation Date: _____ Follow-up Date(s): _____ Complaint#:_____

By (Name/RS#):_____ / _____ County:_____

Investigation Data: _____

_____

_____

Evaluation & Final Outcome: _____

_____

_____