OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS

4848 N. Lincoln Blvd., Suite 100
Oklahoma City, OK 73105
Investigations@osboe.ok.gov
(405) 528-8625 - Facsimile (405) 557-0653
https://www.ok.gov/osboe/

COMPLAINT FORM

Your information is confidential unless disclosure is allowed or required: 1) in response to a valid warrant, subpoena, court or tribunal order; 2) by judicial process or request by an authorized governmental body; 3) to be made in a judicial, administrative, governmental, or administrative proceeding; or 4) otherwise by law, regulation, or legal process. Once complete, this form can be mailed, emailed, or faxed to the Board's office using the above information.

Your Last Name:_____ First:_____ Middle:_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Contact Phone Number: (_____) _____ - _____

Email Address: _____@_____

APPLICABLE CATEGORIES
Please check all that apply:

☐ Incompetence	☐ Prescribing Medications	☐ Substance Abuse
☐ Sexual Misconduct	☐ Fraud or Misrepresentation	☐ Unprofessional Conduct
☐ Failure to Provide Records	☐ Repeated or Gross Malpractice	☐ Other_____

I have a copy of the medical records: ☐ Yes ☐ No

Physician Last Name:_____ First:_____ MI:_____

Oklahoma Osteopathic License #:_____ (http://docfinder.docboard.org/ok/df/oksearch.htm)

Address: _____

City:_____ State:_____ Zip Code:_____

Phone Number: (_____) _____ - _____

Patient Last Name:_____ First:_____ Middle:_____

Mailing Address: _____

City:_____ State:_____ Zip Code:_____

Sex: ☐ Male ☐ Female D/O/B: _____ Phone Number: (_____) _____ - _____

NARRATIVE

In your own words, please provide a detailed statement of the facts and circumstances surrounding your complaint. Be as specific as possible and attach copies (DO NOT SEND ORIGINALS) of any related documents. If there are witnesses to the incident, please identify them in the narrative including their names, telephone numbers, and addresses. If more space is needed, make copies of this page.

Date of Occurrence: _____ 20_____ Time of Occurrence:_____

I affirm and attest the information contained herein is true to the best of my knowledge, information, and belief:

_____ _____

Signature and D.O.B *Date*