

**OKLAHOMA STATE DEPARTMENT OF HEALTH  
OFFICE OF ACCOUNTABILITY SYSTEMS  
("OAS")  
COMPLAINT FORM**

Please fill out all of the fields below to expedite the complaint process.

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**Person Making Complaint:**

Do you want your identity to remain confidential? \_\_\_\_\_ Yes \_\_\_\_\_ No

Without sufficient information we may be unable to act upon your allegation. Providing us with as much information as possible will assist us in making a determination regarding whether any wrongdoing may have been committed.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Failure to provide the above information may prevent a full and complete investigation if any questions arise during the course of the investigation.

**REASON FOR COMPLAINT:**

(Be specific as to the reason you are filing the complaint and include specific facts, names, dates, places, etc.)

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Please use the back of this sheet or attach additional sheets, if necessary.

PLEASE NOTE: For complaints/questions in medical scope operations regarding medical doctors, contact the State Board of Medical Licensure and Supervision (405) 962-1400 or (800) 381-4519, for osteopathic doctors, contact the State Board of Osteopathic Examiners at (405) 528-8625, or for nurses, contact the Oklahoma Board of Nursing at (405) 962-1800.

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**INSTRUCTIONS**

The purpose of the Oklahoma State Department of Health ("OSDH") Office of Accountability Systems ("OAS") complaint policy and this complaint form is to provide a process for OSDH employees, OSDH service recipients or members of the general public to submit complaints if they suspect fraud, waste, abuse, mismanagement, or misconduct by **this Agency, its contractors/agents, or any of its employee(s)**. This complaint process is also intended to respond to the **Agency's** potential failure to follow its established policies and procedures, and unlawful **retaliatory disciplinary action** against an OSDH employee for engaging in protected whistleblower activity under the Oklahoma "Whistleblower Act" set forth at 74 O.S. § 840-2.5. **This procedure is not intended to bypass any policy or procedure contained in the OSDH Administrative Procedures Manual, for example, OSDH Policy 6-23 Employee Grievance Procedure.**

*To submit an Office of Accountability Systems complaint to OSDH, please use one of the following options:*

<p><b><u>OAS Mailing Address:</u></b> Oklahoma State Department of Health Office of Accountability Systems 123 Robert S. Kerr, Room 1702 Oklahoma City, OK 73102-6406</p>	<p><b><u>OAS Telephone &amp; Email:</u></b> OAS Hotline: 1-866-271-7211 <a href="mailto:OAS@health.ok.gov">OAS@health.ok.gov</a></p>
<p><b><u>Option 1 (Plain text format)</u></b></p> <p>Go to our website at <a href="http://www.ok.gov/health">www.ok.gov/health</a>. Open the link to the Office of Accountability Systems. Open the "Complaint Form" link in the body of the text. Print the form. Complete the form and either mail it to the OAS mailing address, Email to <a href="mailto:OAS@health.ok.gov">OAS@health.ok.gov</a>, or hand-deliver it to the OAS office located at Oklahoma State Department of Health, 123 Robert S. Kerr, Oklahoma City, Oklahoma 73102-6406.</p>	
<p><b><u>Option 2 (Hard copy format)</u></b></p> <p>Obtain a hard copy complaint form from your local county health department or from the OSDH central office located at 123 Robert S. Kerr, Oklahoma City, Oklahoma 73102-6406. Complete the form and either mail it to the OAS mailing address, Email to <a href="mailto:OAS@health.ok.gov">OAS@health.ok.gov</a>, or hand-deliver it to the OAS office of the OSDH central office (see above).</p>	