OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care Service
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6404
phone: (405) 426-8200
toll-free fax: 1-866-239-7553

Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property

Check One: ☐ **Nurse Aide** ☐ **Nontechnical Services Worker**

Print or type all information

This form should accompany the initial incident report form when the nurse aide or nontechnical service worker has been named.

Facility ID _____

Date_____/_____/_____

Name of Facility_____

Address _____
Street or P.O. Box City County Zip

_____ _____
Administrator or Reporting Party Telephone Email Address

_____
Employee Name

_____
Street or P.O. Box City County Zip

_____ _____ (_____)_____-_____
SSN Certification Number Telephone

Was employee suspended? ( ) Yes ( ) No If yes, enter employee suspension date._____/_____/_____

Was employee terminated? ( ) Yes ( ) No If yes, enter employee termination date._____/_____/_____

_____ (_____)_____-_____
Other Contact Person Telephone

Address _____
Street or P.O. Box City County Zip

ALLEGATIONS/ FACTS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT PROPERTY:

(Attach any additional sheets or reports, if necessary)

_____

_____

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For Office Use Only
Referral: Y or N **To:**_____