

# COMPLAINT FORM

Protective Health Services

Medical Facilities Service

[medfaccomplaints@Health.ok.gov](mailto:medfaccomplaints@Health.ok.gov)



OKLAHOMA  
State Department  
of Health

Oklahoma State Department of Health

123 Robert S. Kerr Avenue Ste. 1702

Oklahoma City, Oklahoma 73102

Hours of Operation Monday – Friday

8:00 AM to 5:00 PM

**Complaint Hotline - (405) 426-8470**

**Home Health Complaint Hotline - 800-234-7258 (24 hours, 7 days a week)**

Select one Agency or Facility type (Complete one complaint form for each agency/facility)

Hospital

Home Health Agency

Hospice Agency

Ambulatory Surgical Center

Portable X-Ray Service

Community Mental Health Clinic

Psychiatric Residential Treatment Facility

Rural Health Clinic

Clinical Laboratory

Comprehensive Outpatient Rehabilitation Facility

Workplace Drug & Alcohol Testing

Outpatient Physical Therapy/Speech

Dialysis

## 1. Agency/Facility

Name of Agency/Facility		Phone Number (Include Area Code)	
Address			
City		State	Zip Code

## 2. ANONYMITY DESIRED? Please Note: All complaints are confidential.

YES (Complainant will not receive a letter of the investigative findings. Skip to Item #4)

NO (Complete Item #3)

## 3. COMPLAINANT

First Name		Last Name		Phone Number (Include Area Code)	
Address				E-Mail	
City		State	Zip Code		

**4. VICTIM/PATIENT**

First Name	Last Name	Phone Number (Include Area Code)	
Address		Relationship with Complainant	
City	State	Zip Code	

**5. DATE OF INCIDENT/OCCURENCE:**

**TIME OF INCIDENT/OCCURENCE:**

**6. Is the Victim/Patient/Client still receiving care from the Agency/Facility reported in item #1?**

YES

NO If NO Please Provide Discharge Date:

**7. LIST WITNESSES (i.e. Other Victims, Staff, Volunteers, Patients, Visitors, Family Members, etc.)**

First Name	Last Name	Contact Information (Phone and/or E-Mail)

**8. Has this complaint been addressed with the Agency/Facility?**

YES

NO (Skip to Item #11)

**9. What has the Agency/Facility done to remedy the situation?**

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**10. Have you contacted any Law Enforcement Agency?**

YES

NO

If YES, Provide Name of Agency

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**11. What outcome would you like to occur from this complaint?**

**12. PROVIDE A BRIEF DESCRIPTION OF THE INCIDENT/OCCURENCE (i.e. Who, What, When, Where, How, Why)**