OKLAHOMA State Department of Health

Office of Client Advocacy
Grievance Form

Reference Number:_____

This form is used by a client, or a person on behalf of a client, to ask another person to review and, when appropriate, correct a problem or complaint the client is having. Policies related to this form are found at Oklahoma Administrative Code 310:678-5-1.

For help filling out this form, contact your local grievance coordinator or call Office of Client Advocacy at (405) 522-2720.

General Information

Facility or provider name _____ Date _____

Client Name _____ Date of birth _____

Client Address _____ City _____ State _____ ZIP _____

Client Phone Number _____ Other contact number or email address _____

Person filing on behalf of client, if applicable _____ Relationship _____ Signature of client or authorized representative consenting to file grievance on behalf of client _____

My grievance is (add extra sheets as needed):

☐ Ongoing ☐ Unknown

Incident date _____

Requested solution (add extra sheets as needed):

To submit, email form to oca.grievances@health.ok.gov.

OCA Use Only

Grievance resolved? ☐Yes ☐No

Local grievance coordinator name _____ Date _____

If resolved, explain: