



COMPLAINT FORM

To submit a complaint about a City or County Detention Facility complete the below listed information. The completed form may be submitted via e-mail at ccdf@health.ok.gov (Click submit button at bottom of form); fax at (405) 900-7575, or mail to the above listed address. *(One complaint form for each facility)*

CHECK THE ISSUES THAT BEST DESCRIBE YOUR COMPLAINT

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| Medical | Safety & Security |
| Medication | Food (Preparation, Temperature, Diet, Quantity, Nutrition, etc.) |
| Sexual Abuse (PREA) | Fire Safety (Occupant Load, Capacity, Alarm System, etc.) |
| Physical Abuse | Hygeine Items (Soap, Toothbrush & Paste, Razor, etc.) |
| Living Quarters (Cell, Pod, Room, Shower) | Clothing, Bedding, Shoes, etc. |
| Living Conditions (Water,Light, Temp, etc.) | Sanitation Standards (Cleaning Supplies, etc.) |
| Pest Control | Other |

1. Facility (i.e. City or County Detention Facility)

Name of 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/INMATE

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/Inmate still housed at the Facility reported in item #1?

YES

NO If NO Please Provide Discharge Date:

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

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

8. Did Inmate address issue with the Facility?(Greivance Procedures)

YES

NO (Skip to Item #11)

9. What has the Facility done to remedy the situation?

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10. Have you contacted any other Agency?

YES

NO

If YES, Provide Name of Agency

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)