



Protective Health Services
Oklahoma State Department of Health

Long Term Care
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: (405) 271-6868
FAX: (405) 271-4172
Toll Free: 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)

For Office Use Only

Referral: Y or N To: _____