

# LONG TERM CARE FACILITY

## COMPLAINT PROCEDURE

1. Any person with personal knowledge or substantial specific information who believes State or Federal regulations have been violated may file a complaint.
2. A complaint may be made in writing, by telephone, e-mail or in person.
3. The name of the complainant will remain confidential unless otherwise indicated by the complainant.
4. If a regulatory concern is alleged to have been violated, the department will schedule an unannounced investigation, and will make written findings available.
5. A written report will be provided to the complainant and the facility after the findings are made. The investigative report may be sent to one other person at the request of the complainant.
6. The investigative report will include the following:
  - a. Nature of the allegation(s)
  - b. Written findings
  - c. Deficiencies, if any, related to the complaint investigation
  - d. Other relevant information
7. Information in #5 above will be available to the public.

Complaint contact information: Long Term Care  
Complaint and Incident Division

Mailing address: Oklahoma State Department of Health  
Protective Health Services  
123 Robert S Kerr Ave., Suite 1702  
Oklahoma City, OK 73102-6406

E-mail address: [LTCComplaints@health.ok.gov](mailto:LTCComplaints@health.ok.gov)

Telephone: 1-800-747-8419

Any person who willfully or recklessly makes a false request for an investigation without a reasonable basis in fact for such a request shall be liable in a civil suit for any actual damages suffered by a facility and for any punitive damages set by the court or jury. (63 O.S. 1-1940)

Authorized by: Keith Reed  
Interim Commissioner of Health

