OKLAHOMA State Department of Health

Health Resources
Development Service

Detention Program - Jail Inspections
Oklahoma State Department of Health
123 Robert S Kerr Ste. 1702 · Oklahoma City, OK 73102
Telephone (405) 426-8170 Fax (405) 900-7575
E-mail jails@health.ok.gov
http://jails.health.ok.gov

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 *jails@health.ok.gov* (Click submit button at bottom of form); fax at (405) 900-7575, or mail to the above listed address. (O*ne complaint form for each facility*)

CHECK THE ISSUES THAT BEST DESCRIBE YOUR COMPLAINT

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

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

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

2. ANONYMITY DESIRED?

☐ YES (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?

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 DECRIPTION OF THE INCIDENT/OCCURENCE (i.e. Who, What, When, Where, How, Why)

Down load and save form before completing.

CLEAR PRINT SAVE SUBMIT