Oklahoma State Department of Health
123 Robert S. Kerr Avenue Ste. 1702
Oklahoma City, Oklahoma 73102
Complaint Hotline – 1-800-747-8419
(24 hours, 7 days a week)

Complaint and Incident Division
Long Term Care Service
LTCComplaints@health.ok.gov

COMPLAINT FORM

Complete one complaint form for each facility.

1. Faculty Information

Facility Type (Select the Facility type associated with this complaint)

- ○ Nursing Home
- ○ Adult Day Care
- ◉ Intermediate Care Facility for Individuals with Intellectual Disabilities
- ○ Assisted Living
- ○ Residential Care

Name of Agency	**Phone Number** (xxx)xxx-xxxxx
Address	
City	**State** / **Zip Code**

2. Complainant Information

I WISH TO REMAIN ANONYMOUS ☐ **Yes** (move to section 3)

First Name	**Last Name**	**Phone Number** (xxx)xxx-xxxx
Address		
City	**State**	**Zip Code**

3. Victim/Resident/Client Information

First Name	**Last Name**	**Phone Number** (xxx)xxx-xxxx
Address		
City	**State**	**Zip Code**

If this address is for another facility than the one listed in Item 1, provide the name of the facility in the space provided:

4. Incident Details

Date of Incident	Time of Incident ☐ A.M. ☐ P.M.

Is the Victim/Resident/Client still receiving from the facility reported on Item #1?

☐ Yes ☐ No

5. Other Involved Parties

First Name	Last Name	Phone Number or Email Address

6. Previous Contact with Agency/Facility

Has this complaint been addressed with the agency/facility? ☐ Yes ☐ No (if No, skip to Step 7.)

If **yes**, Provide name and position of the agency staff, any steps taken to address the issue, and date initiated.

Name	Position	Date

Steps taken by Agency/Facility to remedy situation

7. Contact with Other Agencies

Has another agency or law enforcement been contacted about this incident? ☐ Yes ☐ No

Agency	Incident Tracking Number

8. Desired Outcome What is the Preferred Outcome for this Complaint

9. Incident Description

Using the Save button at the top of your screen, you can save a copy of this form. Save it to your computer or a personal USB device. **Do not save it to a public computer.**

You can print a hard copy by selecting Print at the top of your screen. If you prefer to mail the form, send it to:

Oklahoma State Department of Health
Complaint and Incident Division
Long Term Care Service
123 Robert S. Kerr Avenue
Suite 1702
Oklahoma City, Oklahoma 73102

Securely submit the form to the Oklahoma State Department of Health, Complaint and Incident Division via email at LTCComplaints@health.ok.gov. Additional files may be attached to your email.