



Creating  
a State  
of Health

# PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health  
Consumer Health  
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OKC, OK 73126-8815  
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## CONSUMER HEALTH SERVICE COMPLAINT FORM

Please check the Consumer Health Licensing Program that you wish to file a report on:

- |  |  |   |                                       |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> FOOD/RESTAURANT | <input type="checkbox"/> RABIES/DOG BITE           | <input type="checkbox"/> SMOKING            | <input type="checkbox"/> XRAY UNIT    |
| <input type="checkbox"/> HOTEL/MOTEL     | <input type="checkbox"/> BEDDING                   | <input type="checkbox"/> POOL               | <input type="checkbox"/> HEALTH FRAUD |
| <input type="checkbox"/> SANITARIAN      | <input type="checkbox"/> HEARING AID               | <input type="checkbox"/> GENETIC COUNSELOR  |                                       |
| <input type="checkbox"/> BODY PIERCING   | <input type="checkbox"/> MEDICAL MICROPIGMENTATION | <input type="checkbox"/> DRUG MANUFACTURING |                                       |
| <input type="checkbox"/> TATTOO          | <input type="checkbox"/> OTHER: _____              |   |                                       |

*\*\*Name and contact information are kept as **CONFIDENTIAL**. To allow investigators an opportunity to follow-up or request additional information please include your name and contact information.*

Name of Person Filing Complaint: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Complaint Against (Name): \_\_\_\_\_ Lic# (if applicable): \_\_\_\_\_

Address/Location: \_\_\_\_\_  
City State Zip

Nature of Complaint (Description): \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Please add additional pages as necessary to complete this information.)

### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Form:  Telephone  Letter  Email  Visit Source:  Individual  Other Gov't Agency  Other: \_\_\_\_\_

Referred to:  State/Central Office  Local/County  DEQ  Municipality: \_\_\_\_\_

Other: \_\_\_\_\_

----- Referred To Mailing Address or Email Phone -----

Investigation Date: \_\_\_\_\_ Follow-up Date(s): \_\_\_\_\_ Complaint#: \_\_\_\_\_

By (Name/RS#): \_\_\_\_\_ / \_\_\_\_\_ County: \_\_\_\_\_

Investigation Data: \_\_\_\_\_

\_\_\_\_\_

Evaluation & Final Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_