

**OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE AND SUPERVISION**

Investigations Department  
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[www.okmedicalboard.org](http://www.okmedicalboard.org)

**COMPLAINT FORM**

**Patient's Name:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your Email Address \_\_\_\_\_

**COMPLAINT AGAINST**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Profession:

- |                                              |                                                     |                                                              |
|----------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Medical Doctor (MD) | <input type="checkbox"/> Physician's Assistant (PA) | <input type="checkbox"/> Physical Therapist or Assistant     |
| <input type="checkbox"/> Athletic Trainer    | <input type="checkbox"/> Registered Electrologist   | <input type="checkbox"/> Occupational Therapist or Assistant |
| <input type="checkbox"/> Licensed Dietitian  | <input type="checkbox"/> Podiatrist                 | <input type="checkbox"/> Perfusionist                        |
| <input type="checkbox"/> Respiratory Care    | <input type="checkbox"/> Podotherapist              | <input type="checkbox"/> Prosthetist/Orthotist/Asst./Tech.   |

**NATURE OF COMPLAINT**

Please check all that apply below:

- |                                              |                                                                        |
|----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> <b>Incompetence</b> | <input type="checkbox"/> <b>Malpractice</b>                            |
| <input type="checkbox"/> Sexual Misconduct   | <input type="checkbox"/> Substance Abuse                               |
| <input type="checkbox"/> Fraud               | <input type="checkbox"/> Billing/Fees                                  |
| <input type="checkbox"/> Medications         | <input type="checkbox"/> <b>Failure to transfer or provide records</b> |
| <input type="checkbox"/> <b>Other:</b>       |                                                                        |

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