

Please tell us about your complaint in the space below. Be as specific as possible and whenever possible, give the date(s) that the event occurred.

[If you need more space, use another sheet of paper.]

Have you told the individual or organization that you have a problem or complaint? If so, what happened?

What would you like the Oklahoma Health Care Authority to do about this problem?

Signature

Date

Please send this form to:

Oklahoma Health Care Authority
Grievance Docket Clerk
Legal Division
P.O. Drawer 18497
Oklahoma City, OK 73154-0497
Fax Number: 405.530.3444
Phone Number: 405.522.7217