HEALTH SYSTEMS DIVISION
Licensing, Certification, and Technical Assistance Unit
Kate Brown, Governor

Oregon Health Authority

500 Summer Street NE, E-86
Salem, OR 97301
Voice: 503-945-5763
Fax: 503-378-8467
www.oregon.gov/oha/HSD/AMH-LC

Complaint Intake Form

Thank you for sharing your concerns with the Health Systems Division's Licensing and Certification unit.

The information provided below will be carefully reviewed against the applicable Oregon Administrative Rule (OAR) and Oregon Revised Statute (ORS) for relevance to our specific facility or program types. The review will determine if there are potential violations to applicable requirements and if our office has jurisdiction to take further action.

If requested, you will be notified of the results of the review. We will inform you what action our office has authority to take, which may include an unannounced, onsite investigation. If it is determined that the concerns fall under the jurisdiction of another agency or department, you will be notified and be given the contact information for that agency or department.

Please complete this form thoroughly and in its entirety. If you have any questions, please call **(503) 945-5763** or email **LCCTMS.Complaints@dhsoha.state.or.us**.

1. What is the name, address, and city of the facility or program that you are filing a complaint about?		
Name:		
Address, City, State & Zip:		
2. What is your name, mailing address, telephone number, and email address?		
First:	Last:	Middle Initial:
Address, City, State & Zip:		
Telephone Number:	Email:	
3. What is your preferred method of contact?		
☐ Phone	☐ Email	☐ Postal Mail

4. What is the name, date of birth (DOB), and gender of the affected patient/client? (if more than one please supply the below information for all on a separate attachment).

First:	Last:	Middle Initial:

DOB:	☐ Male	☐ Female	☐ Prefer not to identify

5. What is your relationship to patient/client? (i.e. spouse, mother, brother, self, etc.)

6. Is the patient/client still receiving services at facility/program in question?	☐ Yes	☐ No

7. What were the date(s) and Time(s) in which the reported incident(s) or Problem(s) occurred?

8. Please describe what happened in detail. (if additional space is needed please attach separate piece of paper.)

9. To summarize, what do you believe the facility/program did wrong?

10. Have you filed a complaint with anyone at the facility/program? If so, with whom, when, and have you received a response?

11. Have you reported this to, or filed a complaint of action with, any other agency or organization? Such as Law enforcement, Adult Protective Services, professional licensing boards? If so, which agencies, when, and what were the actions or findings?