

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, Oklahoma 73154-0497**

OHCA Fax Number is (405) 530-3455

OHCA Docket Clerk Telephone Number is (405) 522-7217

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