



# Oregon

## Department of Human Services

Health Services

P.O. Box 14450

Portland, OR 97293-0450

(971) 673-0540

Fax (971) 673-0556

<http://egov.Oregon.gov/dhs/ph/hclc>

### Oregon Health Care Licensure & Certification INITIAL COMPLAINT INTAKE FORM

**ALL INFORMATION FURNISHED WILL BE KEPT CONFIDENTIAL**

Facility involved: \_\_\_\_\_

Specific concerns (please include names, dates etc...)

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

Reporter name: \_\_\_\_\_

Daytime Telephone number: \_\_\_\_\_

Please specify, if a particular patient is involved:  Yes  No

If yes, please provide patient's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female

Have you discussed the problem with any other person or agency?  Yes  No

If yes, please provide contact information?

**FOR OFFICE USE ONLY:**

STATUS OF CONCERN:

Inquiry only

Referral to:

Complaint number assigned

SURVEYOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Disposition: Waiting for further information

No potential rule violation

Referred to

Other

**Please complete this form and mail to the  
address above and mark clearly on the  
envelope "Confidential".**

*Assisting People to Become Independent, Healthy and Safe*  
An Equal Opportunity Employer