

OREGON STATE HOSPITAL COMMUNITY COMPLAINT FORM



COMPLAINT INFORMATION			
Check campus and complaint issue			
☐ SALEM CAMPUS	☐ JUNCTION CITY CAI	MPUS	
□ Patient care	□ Staff Interaction		
☐ Customer Service	□ Policy or Procedure		
☐ Visitation			
☐ Other (Please specify):			
Please provide the following			
Please print			
Date:			
First Name:	Last Name:		
Check and provide your preferred method of contact			
□ Cell Phone:	☐ Home Phone:		
□ Email Address:			
Mailing address			
Street/PO Box:	City/State:	Zip:	
If this is in reference to a patient, please provide the following			
Patient Name:	Unit:		
Please describe your complaint			
When possible include the date, location, name of staff involved, and any other details that will help us investigate the incident.			
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Methods to submit this form:

- 1. Email: osh.ombudsandfamilyservices@odhsoha.oregon.gov
- 2. Mail: OSH Ombuds

Oregon State Hospital 2600 Center Street NE Salem, OR 97301

- 3. Drop off: To ensure confidentiality please place this form in a sealed envelope labeled OSH Ombuds
 - Salem: Lobby drop box
 - Junction City: Lobby drop box