



HEALTH LICENSING OFFICE

1430 Tandem Ave. NE, Suite 180, Salem OR 97301

Phone: 503-378-8667 | Fax: 503-370-9004

healthoregon.org/hlo | Email: hlo.info@state.or.us

DIRECT ENTRY MIDWIFERY COMPLAINT FORM

1. Midwife Information

NAME OF BUSINESS OR BIRTH CENTER

NAME OF MIDWIFE

MIDWIFE LICENSE NUMBER (if known)

2. Complainant Information

NAME OF PERSON FILING COMPLAINT

DATE

COMPLAINANT MAILING ADDRESS

CITY

STATE

ZIP

PHONE: HOME CELL

BUSINESS PHONE

EMAIL ADDRESS

ARE YOU A MANDATORY REPORTER? YES NO

3. Birth Mother Information

NAME OF BIRTH MOTHER

MOTHER' DATE OF BIRTH

MOTHER'S HEALTH RECORD NUMBER (if known)

ADDRESS OF BIRTH MOTHER

CITY

STATE

ZIP

PHONE: HOME CELL

BUSINESS PHONE

EMAIL ADDRESS

4. Baby And Birth Information

NAME OF BABY

BABY'S DATE OF BIRTH

BABY'S HEALTH RECORD NUMBER (if known)

PHYSICAL ADDRESS WHERE BABY WAS BORN

CITY

STATE

ZIP

WAS BABY TRANSPORTED TO HOSPITAL? YES NO - IF YES, PLEASE INDICATE NAME OF HOSPITAL

IF TRANSPORTED PLEASE INDICATE ADDRESS OF HOSPITAL (if known)

CITY

STATE

ZIP

Please Continue On Next Page

5. Details of Complaint

Please describe issues or concerns that you have with this midwife's practice, including details about the birth (*if applicable*), and possible violations that you feel need to be investigated (***attach additional pages if necessary***).

Complainant's Signature:

The Health Licensing Office has no authority to require licensees to refund money to their clients. The office only has authority to investigate and take action when violation of Oregon Revised Statutes or Oregon Administrative Rules is proven.