



## Professional Standards Enforcement Complaint Intake Form

Thank you for expressing your concerns with the Oregon Health Authority (OHA) Emergency Medical Services and Trauma Systems office.

The information provided will be carefully reviewed against the applicable Oregon Revised Statute, Administrative Rules and/or Code of Federal Regulations. The review will determine if there are potential violations and if OHA is the agency with jurisdiction to take further action. If it is determined that your concerns fall under the jurisdiction of another agency or organization, OHA will notify you and provide you with that information.

It is important for you to know that your identity as the complainant is maintained confidentially. OHA is prohibited from releasing complainant information and the complaint systems are designed to protect that anonymity.

Please complete this form as thoroughly as possible. If you have, any questions please call 971-673-0530.

Person(s)/agency name: \_\_\_\_\_

Level of license/service: \_\_\_\_\_

Contact information if known - email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Reporting party: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Witness name(s)/contact information: \_\_\_\_\_

What is your relationship to the patient/client/licensee? \_\_\_\_\_

What were the date(s) and time(s) that the incident(s) or problem(s) occurred? \_\_\_\_\_

Have you reported this to, filed a complaint or action with, any other agency or organization?  
(Examples: Adult Protective Services, Aging and People with Disabilities or professional licensing boards.) If so, which agencies, when and what were the findings?

