HEALTH LICENSING OFFICE
Board of Direct Entry Midwifery
1430 Tandem Ave. NE, Suite 180, Salem OR 97301-2192
Phone: 503-378-8667 | Fax: 503-370-9216
Email: hlo.info@odhsoha.oregon.gov | Web: www.oregon.gov/oha/ph/hlo

Print Form

DIRECT ENTRY MIDWIFERY COMPLAINT FORM

If you are using any Apple product (Mac, iPad, iPhone), please download and use Adobe Reader before completing this form.

1. Midwife Information:

NAME OF BUSINESS OR BIRTH CENTER	
NAME OF MIDWIFE	MIDWIFE LICENSE NUMBER (if known)

2. Person Filing Complaint:

NAME	DATE	
MAILING ADDRESS		
CITY	STATE	ZIP

PHONE	BUSINESS PHONE	EMAIL

ARE YOU A MANDATORY REPORTER? YES ☐ NO ☐

3. Birth Mother Information:

NAME OF BIRTH MOTHER	MOTHER'S DATE OF BIRTH	MOTHER'S HEALTH RECORD NUMBER (if known)
ADDRESS OF BIRTH MOTHER		
CITY	STATE	ZIP

PHONE	BUSINESS PHONE	EMAIL

4. Baby and Birth Information:

NAME OF BABY	BABY'S DATE OF BIRTH	BABY'S HEALTH RECORD NUMBER (if known)
PHYSICAL ADDRESS WHERE THE BABY WAS BORN		
CITY	STATE	ZIP

WAS BABY TRANSPORTED TO HOSPITAL? YES ☐ NO ☐	IF YES, PLEASE INDICATE NAME OF HOSPITAL
IF TRANSPORTED, PLEASE INDICATE THE ADDRESS OF THE HOSPITAL (if known)	
CITY	STATE ZIP

Please continue on the next page…

5. Nature / Description of Complaint / Affected Person(s): (attach additional pages if necessary)

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 think need to be investigated.

Complainant's Signature:	**Date:**

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.