



Protective Health Service

## Detention Program - Jail Inspections

Oklahoma State Department of Health  
123 Robert S Kerr Ste. 1702 · Oklahoma City, OK 73102  
Telephone (405) 426-8170 Fax (405) 900-7575

E-mail [jails@health.ok.gov](mailto:jails@health.ok.gov)  
<http://jails.health.ok.gov>

# COMPLAINT FORM

To submit a complaint about a City or County Detention Facility complete the below listed information. The completed form may be submitted via e-mail at [jails@health.ok.gov](mailto:jails@health.ok.gov) (Click submit button at bottom of form); fax at (405) 900-7575, or mail to the above listed address. (One complaint form for each facility)

### CHECK THE ISSUES THAT BEST DESCRIBE YOUR COMPLAINT

- |   |   |
|---|---|
| <input type="checkbox"/> Medical                                      | <input type="checkbox"/> Safety & Security  |
| <input type="checkbox"/> Medication                                   | <input type="checkbox"/> Food (Preparation, Temperature, Diet, Quantity, Nutrition, etc.) |
| <input type="checkbox"/> Sexual Abuse (PREA )                         | <input type="checkbox"/> Fire Safety (Occupant Load, Capacity, Alarm System, etc.)        |
| <input type="checkbox"/> Physical Abuse                               | <input type="checkbox"/> Hygeine Items (Soap, Toothbrush & Paste, Razor, etc.)            |
| <input type="checkbox"/> Living Quarters (Cell, Pod, Room, Shower)    | <input type="checkbox"/> Clothing, Bedding, Shoes, etc.                                   |
| <input type="checkbox"/> Living Conditions (Water,Light, Temp, etc. ) | <input type="checkbox"/> Sanitation Standards (Cleaning Supplies, etc.)                   |
| <input type="checkbox"/> Pest Control                                 | <input type="checkbox"/> Other  |

### 1. Facility (i.e. City or County Detention Facility)

Name of Facility		Phone Number (Include Area Code)	
Address			
City		State Oklahoma	Zip Code

### 2. ANONYMITY DESIRED?

- ☐ YES (Skip to Item #4)
- ☐ NO (Complete Item #3)

### 3. COMPLAINANT

First Name		Last Name		Phone Number (Include Area Code)	
Address				E-Mail	
City				State	Zip Code

**4. VICTIM/INMATE**

First Name	Last Name	PhoneNumber (Include Area Code)	
Address		Relationship with Complainant	
City		State	Zip Code

5. DATE OF INCIDENT/OCCURENCE:  TIME OF INCIDENT/OCCURENCE:

**6. Is the Victim/Inmate still housed at the Facility reported in item #1?**

☐ YES

☐ NO If NO Please Provide Discharge Date:

**7. LIST WITNESSES (i.e. Other Victims, Inmates, Staff, Visitors, Family Members, etc.)**

First Name	Last Name	Contact Information (Phone and/or E-Mail)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Did Inmate address issue with the Facility?(Greivance Procedures) ☐ YES ☐ NO (Skip to Item #11)

**9. What has the Facility done to remedy the situation?**

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10. Have you contacted any other Agency? ☐ YES ☐ NO

If YES, Provide Name of Agency  
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**11. What outcome would you like to occur from this complaint?**

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12. PROVIDE A BRIEF DECRPTION OF THE INCIDENT/OCCURENCE (i.e. Who, What, When, Where, How, Why)