

Oregon Health Licensing Agency



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Board of Direct Entry Midwifery

COMPLAINT FORM

Complaint Against

Name of Business _____

Name of Individual _____ License Number (if known) _____

Street Address _____ City _____ State _____ Zip Code _____

Additional Location Information (if any) _____ Area code / number _____ Date of Incident _____

Type of Complaint: (Please indicate type.)

- Competency of services performed. *
- Standards of practice violation.
- Practicing/advertising without a license (Attach business card and/or advertisement.)

Nature/Description of Complaint: _____

(If more space is necessary, attach additional sheets of paper or continue on back of form.)

Person Filing Complaint

Name (type or print) _____ Date _____

Street Address _____ City _____ State _____ Zip Code _____

Signature _____ Area code / number _____

CONFIDENTIAL - Check ONLY if complaint is other than services performed. (See below *)

* If this complaint deals with services performed, the following steps will be taken by the **Health Licensing Agency**:

- (1) The Health Licensing Agency sends a copy of your complaint, including your name, to the individual(s) against whom the complaint is filed and they will be given an opportunity to respond to the allegations in writing.
- (2) Complaints, other than "service complaints", are considered confidential during the investigative process.
- (3) Final civil action resulting from an investigation will be kept on file at the Health Licensing Agency and available to the public on request.

The Health Licensing Agency has authority to investigate and take action when violation of Oregon Revised Statutes or Oregon Administrative Rules is proven.