

**OKLAHOMA STATE UNIVERSITY  
CENTER FOR HEALTH SCIENCES  
PATIENT COMPLAINT FORM**

Our practice values the privacy of its patients and is committed to operating our practice in a manner that provides high quality patient care.

If the staff at Oklahoma State University Center for Health Sciences (OSU-CHS) have fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint. It is our intent to provide the highest quality service.

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\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Phone Number

Please Return to:  
OSU-CHS  
Office of Clinical Director  
1111 W 17<sup>th</sup> Street  
Tulsa, OK 74104  
918-561-8257

<b>For Office Use Only</b>		
Date Received: _____	Received By: _____	Reference: _____