



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Recruitment Incident Report**



**Complaint information**

Name of person making complaint	Title	Phone
Agency name of person making complaint	Date of Incident	

**Members involved**

Name	Date of birth	Case number	Medicaid ID number

**Details**

Describe what happened from beginning to end of incident, including all details and who, what, when, where, how, and why. Use additional pages as needed.

**Please attach any evidence to support allegations.**

_____	_____	_____
Signature of person making complaint	Title	Date

_____	_____	_____
Signature of agency owner or administrator	Title	Date

### Purpose of form

This form is used by an ADvantage provider to file a complaint alleging a specific recruitment violation.

### Instructions

**Complainant information:** The ADvantage provider alleging an incident completes this section.

**Members involved:** The ADvantage provider completes this section documenting all ADvantage members involved in the specific incident.

**Details:** The ADvantage provider completes this section documenting all important details relating to a specific incident. Only use this form if you have evidence or witnesses to substantiate the allegation. Evidence can be in the form of testimony or physical documents. If evidence is testimonial in nature, please use proper names, titles, and dates of when specific conversations occurred and what was said. Include phone numbers of witnesses so they can be contacted. Be specific as possible in this section. Ensure all physical evidence is attached to the form when submitted.

### Routing

Original to OKDHS Aging Services Division, 2401 NW 23<sup>rd</sup> Street, Suite 40, Oklahoma City, OK 73107

### Deadline

**This form must be returned to OKDHS/ASD within ten business days of the recruitment incident.**