Bureau of Licensure and Certification
Complaint Form

This complaint may be subject to a public records request. You may file this complaint **ANONYMOUSLY**, only by **NOT** providing your information. If you remain anonymous, OMHAS will not be able to contact you to obtain additional information or notify you of the results of the complaint investigation.

- ☐ Community Behavioral Health Agency
- ☐ Halfway House
- ☐ Uncertain of Type
- ☐ Residential Facility (**Non** Substance Use Disorder)
- ☐ Driver Intervention Program
- ☐ Unlicensed Facility
- ☐ Residential / Halfway House (Substance Use Disorder)
- ☐ Private Psychiatric Hospital

Skip to Section II if you wish to remain anonymous.

Section I Complainant Information - Complete only if you wish to receive our acknowledgement and notification letters with the result of the complaint investigation:

Complainant Name: ______

Street Address: ______

City: ______ State: ______ Zip Code: ______

Phone Number: ______ E-mail: ______

Section II Facility Information: This information can also be obtained from the posted license/certificate

Facility Name: ______

Street Address: ______

City: ______ **Ohio** Zip Code: ______

Phone Number: ______ County: ______

Section III Resident / Consumer Information:

Resident/Consumer Name (A): ______

Is the Resident/Consumer still in the facility? ☐ Yes ☐ No

Date of Birth: ______ Relationship to Res/Consumer: ______

Resident/Consumer Name (B) ______

Is the Resident/Consumer still in the facility? ☐ Yes ☐ No

Date of Birth: ______ Relationship to Res/Consumer: ______

Facility Name: ______________________

Section IV Alleged Wrongdoer(s) Information - If applicable or known

Name (A): [ ] Title [ ]

Name (B): [ ] Title [ ]

Name (C): [ ] Title [ ]

Section V Current Status - Please list other applicable agencies or authorities that have been notified:

Name of Agency (A) [ ]

Contact Name (A): [ ] Title [ ]

Phone Number: [ ] E-mail: [ ]

Name of Agency (B) [ ]

Contact Name (B): [ ] Title [ ]

Phone Number: [ ] E-mail: [ ]

Section VI Complaint Description - What describe(s) the resident/consumer complaint:

- ☐ Neglect
- ☐ Physical Harm
- ☐ Defraud
- ☐ Potential Harm
- ☐ Use of Force
- ☐ Restraint
- ☐ Sexual Assault
- ☐ Use of Force
- ☐ Verbal Abuse
- ☐ Psychological Harm
- ☐ Medication Error

Other [ ] Other [ ]

Section VII Narrative

When did this incident take place: Date: [ ] Time [ ]

Witness (A): [ ] Phone Number [ ]

Witness (B): [ ] Phone Number [ ]

Provide a narrative description of your complaint (please attach additional information if needed):

[ ]

Please submit this form via mail, e-mail, or fax (chose **one** method only) to:

OhioMHAS - Attention Licensure and Certification

☐ 30 E Broad Street, Suite 742
Columbus, Ohio 43215-3430

☐ IncidentReporting@mha.ohio.gov

☐ Fax (614) 485-9739