



Your Contact Information			
Name		Phone Number	
Street Address			
City, State, Zip		County	

By completing this form you are filing a formal complaint against an individual or entity. In order to investigate your complaint, you must provide sufficient information to properly investigate your complaint as well as a summary of evidence available to you at this time to support your claim. Please note that an investigation must be based on facts or circumstances that you personally observed or heard. If you do not have any personal knowledge of a fact or circumstance, you must provide sufficient information to permit us to contact the individual who does have such evidence.

Complaint Information			
Date of Incident		Place of Incident	
If your complaint is against a public entity, give the name of the agency and any specific individuals within that agency who are connected to the incident.			
If your complaint is against an individual, give their name and relationship to you.			
Describe in detail the incident, any injuries you received and how the Attorney General can aid you in resolving your issue.			

(Please continue on other side)

List any evidence you can provide to support your complaint		
Name, Address and Phone Numbers of Witnesses	Brief summary of evidence to be provided by the witness	
1.		
2.		
3.		
List any documents available to your or to any witness	Copies are attached	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach additional pages if needed

Have you filed a complaint with any other agency or organization? (circle one)                      Yes                      No

If yes, identify the organization: \_\_\_\_\_

What action was taken? \_\_\_\_\_

I understand that the false reporting of a crime is a criminal offense pursuant to Title 21 O.S. § 589.

I swear or affirm the above statement is true and accurate to the best of my knowledge?

**Your signature is required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The Attorney General does not guarantee an investigation or inquiry. Furthermore, you must understand that the Attorney General is not your private attorney. Oklahoma law prohibits us from giving legal advice or opinions or acting as your personal attorney; therefore, if you desire legal advice, we suggest you consider contacting a private attorney to discuss the complaint.*

**RETURN TO:**

**OFFICE OF ATTORNEY GENERAL  
ATTN: CITIZEN COMPLAINT  
15 W. 6th STREET SUITE 1000  
TULSA, OK 74119**

FOR OFFICE USE ONLY

**OAG Unit:** \_\_\_\_\_

**Referred to:** \_\_\_\_\_

**Disposition of Complaint:**

Investigation                       Inquiry

Referred to another agency

No action taken