



OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY
Office of General Counsel
PO Box 528804
Oklahoma City, OK 73152
405/521-3864 – FAX 405/522-5789

Complaint No. _____

Inspector: _____

Complaint Statement

1. **Name of Complainant:** _____
Address: _____
City, State, Zip: _____
Directions to Complainant's address: _____
Phone: _____
Best time to call: _____

2. **Complaint is against:** _____
Address: _____
City, State, Zip: _____
County: _____ Phone: _____
Driving Directions: (From a major intersection) _____

3. **General nature of complaint:** In your own words, explain the general nature of the complaint.

Signature of Complainant

Date