

COMPLAINT STATEMENT

1. Name of Complainant (CP): _____
Physical Address: _____
Mailing Address: _____
City, State, Zip: _____
Directions to Complainant's address: _____

Phone: _____ Best time to call: _____
E-mail (optional): _____

2. Complaint is against (RP): _____
Address: _____
City, State, Zip: _____
***County:** _____ **Phone No.:** _____

***Driving Directions to the complaint location: (From a major intersection):**

3. ***General nature of complaint:** (In CP's own words, explain the general nature of the complaint.)

Signature of Complainant (Type name will be OK) _____ Date _____

OFFICE USE ONLY	Received by _____
Date Received _____	Complaint No. _____
Time Received _____	Inspector: _____

Send to: OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD & FORESTRY
AEMS DIVISION
PO BOX 528804
OKLAHOMA CITY, OK 73152
Or email it to Complaints@ag.ok.gov

* Required information.