

STATE OF OKLAHOMA
BOARD OF POLYGRAPH EXAMINERS

COMPLAINT FORM

| | | |
|--------------------------------|-------------------------------|-----------|
| COMPLAINANT NAME (LAST, FIRST) | ADDRESS (CITY, STATE, ZIP) | TELEPHONE |
| EXAMINER NAME | TEST ADMINISTERED (DATE/TIME) | TELEPHONE |

CHECK APPORITATE BOXES

DATE

WRITTEN COMPLAINT

VERBAL COMPLAINT

Please specify complaint below with brief summary of administered test:

Signature

Printed Name

Date

FOR NOTARY USE ONLY

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____, by

_____.

Applicant Name

Notary Public

(Seal)

Commission Number: _____

Commission Expires: _____