



## TOBACCO COMPLAINT FORM

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Today's Date:

Your Name (or an Alias if  
you wish to remain  
anonymous):

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

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### **Suspect Information**

Number of Suspects:

Date and explanation  
(Who, what, when, where  
and how do you know the  
information you are  
reporting?):

**Suspect #1:**

Suspect's Name:

Alias(es) or Nicknames:

Race:

Gender:

Approximate Height:

Approximate Weight:

Approximate Age:

Hair Color:

Additional Information:

Vehicle Information:

PLEASE INCLUDE AND PHOTOGRAPHS WITH THIS FORM.

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*This form should be used to report suspected violations of the Oklahoma control laws and the Master Settlement Agreement Complementary Act (e.g. a retailer selling cigarettes without an Oklahoma excise or unity tax stamp; a retailer or distributor selling cigarette brands that are not listed on the Oklahoma Attorney General's Directory of Tobacco Product Manufacturers; and the commercial use of cigarette rolling machines). Your complaint form may be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, if disclosed, address, or phone number, or any other information on the form that identifies you. If you use an alias in filling out this form, please use the same alias when submitting additional information pertaining to this complaint.*

*Improper/Illegal Use of this Complaint Form: This Complaint Form is provided to the public for the purpose of reporting known or suspected suspicious or criminal activity which has occurred, or may occur. Any misuse or abuse of this complaint form is strictly prohibited. **MAKING A FALSE REPORT TO LAW ENFORCEMENT IS A SERIOUS OFFENSE AND MAY BE PUNISHABLE BY LAW.** You acknowledge and confirm that the information you are providing is not urgent or requiring prompt or immediate attention, and you understand that you should call 911 or contact the appropriate authorities by phone if this is time sensitive information. Children must be 13 years or older or have parent's permission to use this form.*

*Your Complaint may be forwarded to another agency, if appropriate. This Office does not comment upon investigations that may be pending.*

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Signature:

Date:

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Please submit this form:

By E-mail: [lexie.o'brien@oag.ok.gov](mailto:lexie.o'brien@oag.ok.gov)

By Facsimile: 405-521-4518 (Attn: Lexie P. O'Brien)

By Mail: Lexie P. O'Brien  
Assistant Attorney General  
Office of the Attorney General  
Tobacco Enforcement Unit  
313 N.E. 21st Street  
Oklahoma City, Oklahoma 73105