Oklahoma Office of the Attorney General
Office of Civil Rights Enforcement
PUBLIC ACCOMMODATIONS COMPLAINT FORM

PLEASE PRINT

Name _____ Address _____Telephone (___)_____

County _____ City _____ State _____ Zip Code _____

Name of Business or Establishment _____ Telephone (___)_____

President/Manager _____ Address _____

County _____ City _____ State _____ Zip Code _____

Date of Discriminatory Act _____

What services and/or goods were denied to you? What harm, if any, was caused to you as a result of the denial of services and/or goods? Be specific and give dates.

_____

_____

_____

_____

_____

_____

_____

_____

Do you believe this denial of services or goods was taken against you because of (**choose only those that apply to you**):

( ) Race/Color Identify your race/color: _____

( ) Religion Identify your religion: _____

( ) National Origin Identify your national origin: _____

( ) Sex Male Female

( ) Disability Indicate your disability(ies): _____

( ) Age Date of Birth: _____

Signature _____ **Date** _____

Complaint: _____

_____

_____

_____

1. Have you filed this complaint with any other Agency? (___Yes (___No. If yes, give the name of the Agency and date.

   _____

2. What were the specific reason(s) why you were denied goods or services?

   _____

   _____

3. Does the establishment provide goods and/or services for the general public? (___) Yes (___) No

4. What was the name of the person who denied you goods and/or services?

   Name_____

   Race, Color, or National Origin _____Sex _____ Age _____ Title _____

   List any other information that can be used to identify the person

   _____

   _____

5. Did the establishment require a financial reference from you? (___Yes (___No. If yes, explain:

   _____

   _____

6. Did you provide the necessary financial reference(s)? (___Yes (___No. If no, why not?

   _____

   _____

7. If the goods or services were for rental property (vehicle, etc.), were the goods and/or services available? (___Yes (___No. Explain_____

   _____

   _____

8. Have you any witnesses who can verify your statement or what happened? (___Yes (___No If yes, please provide the name and address of each witness.

   Name_____ Address_____

   Name_____ Address_____

9. Do you have any other information which you deem relevant to this complaint? (___Yes (___No. If yes, explain.

_____

_____

_____

_____

_____

_____

Signature_____ **Date** _____

Mail to: **Oklahoma Office of the Attorney General**
Office of Civil Rights Enforcement
313 N.E. 21st Street
Oklahoma City, OK 73105
(405) 521-3921

AFFIDAVIT

PLEASE PROVIDE THE FOLLOWING:

1. **Names, addresses, and telephone numbers of additional person(s) who may have knowledge relating to the allegations of discrimination and who might serve as witnesses in this matter. You may continue your list or add information on a separate affidavit which can be signed before a Notary Public; however, notarization is not mandatory.**

2. **A description of any events and/or problems which relate to your complaint.**

Check Which You Are: ( ) Complainant OR ( ) Witness for Complainant

Today's Date: _____, 20_____

State of Oklahoma, County of _____

I, _____, OF LAWFUL AGE, AFTER BEING DULY SWORN, UPON MY OATH DEPOSE AND SAY: I LIVE AT _____, CITY OF _____ STATE OF _____, COUNTY OF _____.

TELEPHONE NUMBER IS (___)_____

MY SWORN STATEMENT IS AS FOLLOWS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I SWEAR OR AFFIRM THAT I HAVE READ THE ABOVE STATEMENT AND THAT IT IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF:

_____ _____

SIGNATURE **DATE**

AFFIDAVIT OF SWORN STATEMENT

--CONTINUED–

SIGNATURE **DATE**