

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
15 W. 6th Street, Suite 1000
Tulsa, Oklahoma 74119
(918) 581-2885

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**

