Private Employment Agency Complaint Form
Occupational Licensing Division
www.labor.ok.gov

Melissa McLawhorn Houston, Labor Commissioner

OKLAHOMA DEPARTMENT OF LABOR
3017 N. Stiles, Suite 100
Oklahoma City, OK 73105
405-521-6100/888-269-5353
M-F 8:00am-4:30pm

INDIVIDUAL MAKING COMPLAINT (It is your responsibility to keep us informed of any change in contact information)

Name:		
Mailing Address:		
City:	**State:**	**Zip Code:**
Home/Cell Phone: ( )	**Work Phone: ( )**	
E-mail Address:		

BUSINESS COMPLAINED ABOUT

Business Name:		
Business Address:		
City:	**State:**	**Zip Code:**

How did you first learn about this company?

_____

_____

_____

_____

Did you talk to anyone at the company? ☐ **Yes** ☐ **No**
If yes, who?

_____

Did the company hold itself out as being able to secure employment for you? ☐ **Yes** ☐ **No**
If yes, what did they tell you?

_____

_____

_____

_____

Did the company provide you any information or service which promoted employment to you? ☐ **Yes** ☐ **No**
If yes, what information or services was provided to you?

_____

_____

_____

_____

Did the company provide you any information or service which claimed to lead to employment for you? ☐ **Yes** ☐ **No**
If yes, what information or services was provided to you?

_____

_____

_____

_____

Did the company provide you any information or service which claimed to result in employment for you? ☐ **Yes** ☐ **No**
If yes, what information or services was provided to you?

_____

_____

_____

_____

Were you charged any money for this service? ☐ **Yes** ☐ **No**
If yes, how much? $ _____

Is there any additional information about this company?

_____

_____

_____

_____

_____

I hereby certify that this is a true statement to the best of my knowledge and belief.

_____

Signature **Date**

PLEASE ATTACH COPIES OF ANY DOCUMENTS RECEIVED FROM THE COMPANY