## Complaint

Please email this form to: OKState@okdocc.ok.gov

Or you can mail it to:

OK Department of Consumer Credit 629 NE 28th Street Oklahoma City, OK 73105



\* Indicates Required Field

* First Name:	* Last Name:		
* Address:	* City, State:	* Zip Code:	
* Phone Number:	* Email:		
**NOTE** If call blocking is enabled on the phone number you provide, we will be unable to return your call. Please call with your complaint during normal business hours. (8-4:30pm CST)			
* Business Name (Who complaint is against):			
* Business Address:	* City, State:	* Zip Code:	
* Business Phone:	on:		
	_		
Alleged Violations of Law:			
*Potelle of Complete			
* Details of Complaint:			
* Desired Resolution to complaint?			
The Administrator shall not take action when the alleged violation of la	w is merely a matter of private controversy and do	es not tend to adversely affect the public.	
In filing this complaint you understand that the Department of Consumer Credit is not your private attorney. Oklahoma law prohibits us from giving legal advice or opinions			

or acting as your personal attorney. If you need legal advice regarding your complaint, you should consider contacting a private attorney.

By submitting this complaint you agree that the Department may submit any information, transmitted by you, to the entity or individual subject to the complaint.

* Electronic Signature:	* Date	