

List any evidence you can provide to support your complaint		
Name, Address and Phone Numbers of Witnesses	Brief summary of evidence to be provided by the witness	
1.		
2.		
3.		
List any documents available to your or to any witness	Copies are attached	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please attach additional pages if needed

Have you filed a complaint with any other agency or organization? (circle one) Yes No

If yes, identify the organization: _____

What action was taken? _____

I understand that the false reporting of a crime is a criminal offense pursuant to Title 21 O.S. § 589.
I swear or affirm the above statement is true and accurate to the best of my knowledge.

Your signature is required: _____ **Date:** _____

The Attorney General does not guarantee an investigation or inquiry. Furthermore, you must understand that the Attorney General is not a private attorney. Oklahoma law prohibits us from giving legal advice or opinions or acting as your personal attorney; therefore, if you desire legal advice, we suggest you consider contacting a private attorney to discuss the complaint.

RETURN TO:

**OFFICE OF ATTORNEY GENERAL
ATTN: OKLAHOMA UNEMPLOYMENT FRAUD FORM
15 W. 6th STREET SUITE 1000 TULSA, OK 74119
Email: unemploymentcomplaint@oag.ok.gov**

FOR OFFICE USE ONLY

OAG Unit: _____

Referred to: _____

Disposition of Complaint:

Investigation Inquiry

Referred to another agency

No action taken