## Complaint

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

Or you can mail it to:

\* Indicates Required Field

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



STATE OF OKLAHOMA DEPARTMENT OF CONSUMER CREDIT

* First Name:	* Last Name:	
* Address:	* City, State:	* Zip Code:
* Phone Number:	* Email:	
**NOTE** If call blocking is enabled on the phone num unable to return your call. Please call with your comp hours. (8-4:30pm CST)	iber you provide, we will be laint during normal business	
* Business Name (Who complaint is against):		
* Business Address:	* City, State:	* Zip Code:
* Business Phone:	* Contact Person:	
Alleged Violations of Law:		
* Details of Complaint:		
* Desired Resolution to complaint?		

The Administrator shall not take action when the alleged violation of law is merely a matter of private controversy and does 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: