



Oklahoma Board of Tests for Alcohol and Drug Influence

Complaint Review Committee
P.O. Box 36307
Oklahoma City, Oklahoma 73136-2307

COMPLAINT FORM

Note: An investigation will only be made after receipt of a signed, written and notarized complaint.

Please print or type the information requested below AND keep a full copy for your records.

INFORMATION ABOUT YOU

Your Name: _____

Your Address: _____

Your Home Phone: (____) _____ Work Phone: (____) _____

COMPLAINT AGAINST

Business Name: _____

Technician's Name (if applicable): _____

Address: _____

Business Phone: (____) _____

(go to next page)

