

ATHLETE AGENT COMPLAINT FORM

This form may be used to submit a complaint about an athlete agent or individual's action on behalf of the agent. In order to investigate your complaint, you must provide sufficient information to properly investigate the complaints. Please note that an investigation must be based on facts or circumstances that you personally observed or heard. If you do not have any personal knowledge of a fact or circumstance, you must provide sufficient information to permit us to contact the individual who does have such evidence. Please be sure to print clearly. Attach as many additional pages as necessary to explain your complaint.

Name Of Person Filing Complaint: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work/Cell Telephone: _____

COMPLAINT INFORMATION

Name Of Person Involved In Complaint: _____

Employer/Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Name(s) Of Student/Athlete(s) Involved, If Any:

_____ Institution: _____

_____ Institution: _____

_____ Institution: _____

_____ Institution: _____

Please provide names and contact information for any witnesses or people with information about your complaint. Attach copies of any other documents that support your complaint:

Please describe in as much detail as possible the basis of your complaint:

Signature: _____ Date: _____

Please return this form to: Office of Attorney General
Public Protection Unit
Attention: Investigative Analyst
313 N.E. 21st Street
Oklahoma City, Oklahoma 73105