OKLAHOMA DEPARTMENT OF AGRICULTURE, FOOD AND FORESTRY
Animal Industry Services
PO Box 528804
Oklahoma City, OK 73152
405/522-6124 – FAX 405/522-0756 – nichole.carrillo@ag.ok.gov

Complaint No._____
Inspector:_____
Assignment Date:_____

Feral Swine Complaint Form

1. **Name of Complainant**:_____

   Physical Address:_____

   City, State, Zip:_____

   Phone:_____

2. **Complaint is Against**:_____

   Physical Address:_____

   City, State, Zip:_____

   County:_____ Phone:_____

   Driving Directions (from a major intersection):_____

   _____

   _____

   _____

3. **General nature of complaint**: In your own words, explain the general nature of the complaint. (Who, What, When, Where?) Please include any possible evidence.

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