

Complaint No._____ Inspector:_____ Assignment Date:_____ Animal Industry Services PO Box 528804 Oklahoma City, OK 73152 405/522-6124 – FAX 405/522-0756 – Dana.Call@ag.ok.gov

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.