



2014 TOBACCO COMPLAINT FORM

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Your Name (or an  
Alias if you wish to  
remain anonymous):

Address:

City:

State:

Zip Code:

Telephone:

E-mail:

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**Suspect Information**

Number of Suspects:

Date and explanation  
(Who, what, when,  
where and how do  
you know the  
information you are  
reporting?):

**Suspect #1:**

Suspect's Name:

Alias(es)

or

Nickname:

Race:

Gender:

Approximate Height:

Approximate

Weight:

Approximate Age (or  
DOB):

Hair Color:

Other:

Hair

Style:

Other:

Eye Color:

Other:

Suspect's Address:

Suspect's Cell and/  
or Home Phone:

Suspect's  
Employment  
Information:

Employer's Address:

Where did you last  
see the suspect?

When (date and  
time) did you  
last see the  
suspect?

### **Vehicle Information**

Make:

Model:

Color:

Year:

License:

State:

Other vehicle Notes  
(Bumper stickers,  
lettering, vehicle  
damage, or other  
identifying items):

### **Crime Notes**

Type of Offense:

Other:

Address of Crime (or  
nearest intersection):

How is the tobacco  
sold?

Other:

How is the tobacco  
being sold?

Other:

Attach photographs,  
if any, and additional  
pages if needed:

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*This form should be used to report suspected violations of the Oklahoma tobacco control laws and the Master Settlement Agreement Complementary Act (e.g., a retailer selling cigarettes without an Oklahoma excise or unity tax stamp; a retailer or distributor selling cigarette brands that are not listed on the Oklahoma Attorney General's Directory of Tobacco Product Manufacturers and the commercial use of cigarette rolling machines. Your complaint form may be considered a public record, a copy of which is available to any member of the public upon request. In response to such requests, this Office generally will not disclose your name, if disclosed, address, or phone number, or any other information on the form that identifies you, and will not disclose this form in response to any request for complaints submitted by you. If you use an alias in filling out this form, please use the same alias when submitting additional information pertaining to this complaint.*

*Improper/Illegal Use of this Complaint Form: This Complaint Form is provided to the public for the purpose of reporting known or suspected suspicious or criminal activity which has occurred, or may occur. Any misuse or abuse of this complaint form is strictly prohibited. **MAKING A FALSE REPORT TO LAW ENFORCEMENT IS A SERIOUS OFFENSE AND MAY BE PUNISHABLE BY LAW.** You acknowledge and confirm that the information you are providing is not urgent or requiring prompt or immediate attention, and you understand that you should call 911 or contact the appropriate authorities by phone if this is time sensitive information. Children must be 13 years or older or have parents permission to use this form.*

*Your complaint may be forwarded to another agency, if appropriate. This Office does not comment upon investigations that may be pending.*

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SIGNATURE:

Signature:

Date: