

**OKLAHOMA DEPARTMENT OF AGRICULTURE
CONSUMER PROTECTION SERVICES
NOXIOUS WEED COMPLAINT**

Complaint #	_____
Date Received:	_____
Received By:	_____

NAME OF COMPLAINANT (optional): _____
MAILING ADDRESS: _____
HOME PHONE: _____ WORK PHONE: _____
BEST TIME TO CALL: _____

FOLLOWING SECTION MUST BE COMPLETED **

GENERAL NATURE OF COMPLAINT OR INQUIRY: ** _____ _____ _____ _____
COMPLAINT IS AGAINST: _____ ADDRESS: ** _____
PHONE NUMBER: _____
LOCATION OF AREA: _____
COUNTY: _____ NEAREST TOWN: _____
LEGAL DESCRIPTION OR GPS: <u>(If known)</u> _____

<i>For Office Use Only:</i> ACTION TAKEN: _____ _____ _____ _____

SIGNATURE OF COMPLAINANT (optional): _____

DATE CLOSED: _____ **BY:** _____

Highlighted areas are essential information that must be provided.

Mail to: **Oklahoma Department of Agriculture, Food, and Forestry
Consumer Protection Services
2800 N. Lincoln Blvd.
Oklahoma City, OK 73104-4298
(405) 522-5981 www.ag.ok.gov/cps.htm**

Fax: **(405) 522-0625**