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Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

Yes                       No

If so, please provide the following information:

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Investigator: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Status of Complaint: \_\_\_\_\_

**Please attach and/or provide any additional information that might be useful in processing your complaint.**

The completed form must be submitted to:

Shawn O'Leary, ADA/504 Coordinator  
201 West Gray, Bldg. A  
Norman, OK. 73069  
Phone: 405-366-5453  
[shawn.oleary@normanok.gov](mailto:shawn.oleary@normanok.gov)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date