GRIEVANCE FORM

RETURN FORM TO: Office of the General Counsel
Oklahoma Bar Association
P.O. Box 53036
Oklahoma City, OK 73152

Complainant Information:

Prefix: ☒ Mr. ☐ Mrs. ☐ Ms.

First Name: [redacted]

Middle Name: [redacted]

Last Name: [redacted]

Address: [redacted]

City: Stillwater

State: OK Zip code: 74074

Date of birth: [redacted]

Email: [redacted]@gmail.com

Telephone:

Home: _____

Business: _____

Mobile: [redacted]

Attorney against whom you wish to file a grievance: (NO LAW FIRMS)

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms.

First Name: Debra

Middle Name: _____

Last Name: Vincent

Address: 606 S. Husband St # 111

City: Stillwater

State: OK Zip code: 74074

Telephone:

Business: 405-372-4883

Home: _____

Mobile: _____

Email: debra.vincent@dac.state.ok.u

1. Did you employ the attorney? Yes _____ No X
   a. Approximate date you employed the attorney: _____
   b. Was there a written agreement for services? Yes _____ No _____
      (If yes, attach copy)
   c. What, if any, was the amount paid to the attorney? _____
   d. Date Paid: _____ (attach proof of payment)

*** * * DO NOT WRITE ON BACK OF FORM * * ***

*** * * DO NOT SEND ORIGINAL DOCUMENTS, PROVIDE COPIES AS ORIGINALS CANNOT BE RETURNED * * ***

2. If you did not employ the attorney, what is your connection to him/her?

She is the Payne County Assistant District Attorney

3. Please furnish the following information, if available:
   a. Name of Court/County: Payne
   b. Case Number: No Case Was Filed
   c. Title of Suit: _____ vs. _____
   d. Approximate Date case was filed: _____

4. If you are or have been represented by any other attorney with regard to this same matter, state the name and address of the other attorney:

   Name: _____
   Address: _____
   City: _____
   State: _____ Zip code: _____

5. If you have made a grievance about this same matter to any other Official or Agency, state its (their) name(s), and the approximate date you reported it:

6. In the event a disciplinary hearing is held, would you be willing to appear and testify as a witness? Yes X No _____

*** * * DO NOT WRITE ON BACK OF FORM * * ***

*** * * DO NOT SEND ORIGINAL EXHIBITS, PROVIDE COPIES AS ORIGINALS CANNOT BE RETURNED * * ***

7. Names and addresses of witnesses to this grievance:

A.	B.	C.
John Talley Name	Name	Name
2300 N. Lincoln Blvd Address	Address	Address
Oklahoma City City	City	City
OK State Zip	State Zip	State Zip
405-557-7304 Telephone Number(s)	Telephone Number(s)	Telephone Number(s)
John.Talley@OKhouse.gove Email Address	Email Address	Email Address

8. Nature of grievance against the attorney explained in full detail. **(Use a separate piece of paper if necessary).** If you employed the attorney, state what you employed him/her to do. Include what the attorney did or did not do. Further information may be requested.

Debra Vincent was asked by OSBI to look into wrongful actions committed against my family by the Stillwater Police Department and the OKDHS. Her office initially notified me that I would need to come give statements and turn over evidence. After communicating with her friends and colleagues from the suspected city and OKDHS, she then refused to meet with me or accept evidence. Debra Vincent has evidence from OSBI, OCY, district Court, etc. that very much prove criminal activity has been perpetrated against my family and refuses to act upon it.

I hereby certify that I have read the foregoing matters and that they are true and correct to the best of my knowledge.

[redacted]
Your Signature

11-15-21
Date

This grievance form must be signed before it can be considered.
It is imperative that you notify this office of an address change.
If you are not available as a witness, your grievance may be dismissed.