

GRIEVANCE FORM

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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: [REDACTED]

Home: _____

Business: _____

Mobile: [REDACTED]

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

Prefix: Mr. Mrs. Ms.

First Name: Laura

Middle Name: _____

Last Name: Thomas

Address: 606 S. Husband St #111

City: Stillwater

State: OK Zip code: 74074

Telephone: _____

Business: 405-372-4883

Home: _____

Mobile: _____

Email: laura.thomas@dac.state.ok

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)

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AS ORIGINALS CANNOT BE RETURNED ***

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

She is the Payne County 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 No

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7. Names and addresses of witnesses to this grievance:

A. <u>John Talley</u>	B. _____	C. _____
Name <u>2300 N. Lincoln, Blvd</u>	Name _____	Name _____
Address <u>Oklahoma City</u>	Address _____	Address _____
City <u>OK</u>	City _____	City _____
State <u>405-557-7304</u>	State _____	State _____
Zip <u>7304</u>	Zip _____	Zip _____
Telephone Number(s) <u>John.Talley@okhouse.gov</u>	Telephone Number(s) _____	Telephone Number(s) _____
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.

As Payne County District Attorney, Laura Thomas refused to investigate and/or prosecute several individuals that she has personal and professional relationships with after having reports from OSBI, OCCY, local district court, etc. She refused to speak with me or accept evidence in my possession. Laura Thomas has, in her possession, evidence of several criminal acts which have permanently damaged my family's future as well as our community's future. After requests by myself and the OSBI for the Payne County District Attorney's office to look into these matters, Laura Thomas's Assistant District Attorney represented one of the alleged perpetrators.

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

Your Signature _____

Date 11-15-21

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.