



**Oklahoma Office of the Attorney General
Office of Civil Rights Enforcement
RACIAL PROFILING COMPLAINT**

Office Use Only

Date of Initial Inquiry _____ Inquiry # (OAG use only) _____
 Type of Inquiry (circle): Walk In Telephone Mail In
 Date Information Mailed _____ By _____ Date Returned _____
 Information Completed Yes No

Please Print

Name _____	Address _____	Telephone _____
City _____	State ____	County _____ Zip Code _____ Birth Date _____
Gender: Male	Female	Race, Ethnicity Or National Origin _____

Law Enforcement Agency _____	Name of Officer _____
Badge # _____	Race _____ Gender: Male Female
Address _____	Telephone _____
City _____	State ____ County _____ Zip Code _____

Date of Incident: _____ Location of Incident: _____

Summons Number(s) _____

Alleged Violation(s) (Reason for the stop or detention) _____

Please attach a copy of the ticket, if applicable, or any supporting documentation.

Witness information (if applicable)

Name	Address	Contact Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

