

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

Office Use Only

Date of Initial Inquiry Inquiry # (O				ise only) _	
Type of Inquiry (circle):	Walk In	Telepho	one	Mail In	
Date Information Mailed		By		Date	Returned
Information Completed	Yes	No			
<u>Please Print</u>					
Name	Addres	ss	Te	elephone _	
CityState	County		_Zip Code		Birth Date
Gender: Male Fer	nale	Race, Ethnicity	Or National	Origin	
Law Enforcement Agency			Name of	f 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) (Reaso	n for the stop or	detention)			
Please attach a copy of the	ticket, if applic	cable, or any su	pporting do	cumentat	ion.
Witness information (if ap	plicable)				
Name 1		Address			Contact Number
2					
3					

Please state the reason(s) you believe that this police action was taken due to racial profiling:					
Please direct all questions to the Off	fice of Civil Rights Enforcement at (4	405) 521-3921 or (918) 581-2342.			
Signature	Date				
Submit to:					

OKLAHOMA OFFICE OF THE ATTORNEY GENERAL OFFICE OF CIVIL RIGHT ENFORCEMENT

OKLAHOMA CITY OFFICE:

313 N.E. 21st Street Oklahoma City, Oklahoma 73105 Office (405) 521-3921 Fax (405) 521-6246

EMAIL:

ocre.complaints@oag.ok.gov

TULSA OFFICE:

15 W. 6th Street, Suite 1000 Tulsa, Oklahoma 74119 Office (918) 581-2342 Fax (918) 938-6348