



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

Office Use Only

Date of Initial Inquiry _____ Inquiry# (OAG use only) _____

Type of Inquiry: 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) _____

Copy of Ticket (If applicable) or any supporting documentation

Witness information (if applicable)

	Name	Address Telephone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state the reason(s) you believe that this police action was taken due to racial

profiling: _____

Direct all questions to the Office of Civil Rights Enforcement at (918) 581-2885.

Signature _____ Date _____

Mail to: **Oklahoma Office of the Attorney General**
Office of Civil Right Enforcement
15 W. 6th Street, Suite 1000
Tulsa, Oklahoma 74119