



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. _____	_____	_____

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 (405) 521-3921.

Signature _____ Date _____

Submit via: **Oklahoma Office of the Attorney General
Office of Civil Right Enforcement
313 N.E. 21st Street
Oklahoma City, OK 73105**

Facsimile: (405) 521-6246

Email: ocre.complaints@oag.ok.gov