



ABATE OF OKLAHOMA MOTORCYCLE PROFILING COMPLAINT FORM

The information you provide to us will be used to investigate, and will not be shared.

PERSONAL INFORMATION		
Name		Phone Number
Address, (Street, City, State, Zip)		Email
OFFICER/DEPARTMENT INFORMATION		
Officer Name(s) (if known)	Officer Badge Number	Squad Number (if known)
What did the officer say was his reason for stopping you?		
Incident Location Address (Street, City, State, Zip)		Incident Date & Time
Witness Name(s)	Mailing Address	Phone Number
DESCRIPTION OF INCIDENT		
Was a citation issued <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what was the citation for
Dated	Signature	

Please mail this survey to ABATE of OK Survey • PO Box 23616 • Oklahoma City • OK 73123