AFFIDAVIT

FORMAL CITIZEN COMPLAINT FORM

COMPLAINANT

NAME:	AGE: DOB:
	PHONE:
	BUS. PHONE:
I,	, make the following true and
correct statement voluntarily, of my own f	free will. It is made without any threat, coercion,
offer of benefit, favor or offer of favor, by	any person whatsoever.
RES	<u>PONDENT</u>
NAME OF ACCUSED (IF KNOWN):	
IF UNKNOWN, PROVIDE DESCRIPTION	:
EMPLOYMENT:	
ALLEGED INCIDENT OCCURRED:	/ AT AM PM
MONT	TH DAY YEAR
LOCATION OF INCIDENT:	
(On the pages that follow, describe in detail statements, violations, locations and/or person	il the nature of the incident, giving specific details, and injuries.)
Mail or deliver the completed packet to:	
Oklahoma City Police Department Office of the Chief 700 Colcord Drive Oklahoma City, OK 73102	
	Signature of Complainant
	Date of Statement

COMPLAINANT:	
RESPONDENT:	
List specific allegation (s):	
1	
2	
4	
ALLEGED TO HAVE BEEN	COMMITTED BY THE RESPONDENT:
	Signature of Complainant
	Date of Statement

COMPLAINANT:	
RESPONDENT:	
	Signature of Complainant
	Date of Statement

COMPLAINANT:	
RESPONDENT:	
	Signature of Complainant
	Date of Statement

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COMPLAINANT:	
RESPONDENT:	
	Signature of Complainant
	Date of Statement

COMPLAINANT:		
RESPONDENT:		
On the following paragraph, please so of your decision concerning the polygon	•	•
I,	, <u>voluntari</u>	ly agree OR will not
agree of my own free will, to subm	it to a polygraph (lie detector) exa	mination to support the
truthfulness of my complaint.		
I,	, have read	(or have had read to
me) the foregoing statement, con	sisting of pages, to which	ch I have affixed my
signature, and <u>affirm</u> the facts cont	ained therein are true and correct	
of racial profiling, you may file a Commission or the District Attorney'		ident occurred.
	Date of Statement	
YOUR SIGNATURE NEEDS TO I	BE EITHER WITNESSED AND/O	OR NOTARIZED.
Witness Signature:	Print Name:	
Witness Address:	City/ST:	Zip:
Witness Home Phone:	Witness Work Phone:	
State of Oklahoma, County of Oklaho Subscribed and sworn to before	oma, ss: ore me, a Notary Public, in and for	said County and State,
this day of		
My Commission Expires:	Signature of Notary I	Public