

AFFIDAVIT
FORMAL CITIZEN COMPLAINT FORM

COMPLAINANT

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ PHONE: _____

BUSINESS ADDRESS: _____ BUS. PHONE: _____

I, _____, make the following true and correct statement voluntarily, of my own free will. It is made without any threat, coercion, offer of benefit, favor or offer of favor, by any person whatsoever.

RESPONDENT

NAME OF ACCUSED (IF KNOWN): _____

IF UNKNOWN, PROVIDE DESCRIPTION: _____

EMPLOYMENT: _____

ALLEGED INCIDENT OCCURRED: _____/_____/_____ AT _____ AM PM
MONTH DAY YEAR

LOCATION OF INCIDENT: _____

(On the pages that follow, describe in detail the nature of the incident, giving specific details, statements, violations, locations and/or personal injuries.)

Mail or deliver the completed packet to:

**Oklahoma City Police Department
Office of the Chief
701 Colcord Drive
Oklahoma City, OK 73102**

Signature of Complainant

Date of Statement

CONTINUATION OF FORMAL CITIZEN COMPLAINT

COMPLAINANT: _____

RESPONDENT: _____

On the following paragraph, please sign your name; circle your response and initial. Regardless of your decision concerning the polygraph (lie detector), your complaint will be investigated.

I, _____, **voluntarily agree** OR **will not agree** of my own free will, to submit to a polygraph (lie detector) examination to support the truthfulness of my complaint.

I, _____, have read (or have had read to me) the foregoing statement, consisting of _____ pages, to which I have affixed my signature, and **affirm** the facts contained therein are true and correct.

NOTICE OF RACIAL PROFILING:

Racial Profiling is defined as the detention, interdiction or other disparate treatment of an individual solely on the basis of the racial or ethnic status. If you believe you have been a victim of racial profiling, you may file a complaint with the State of Oklahoma Human Rights Commission or the District Attorney's Office in the county where the incident occurred.

Signature of Complainant

Date of Statement

YOUR SIGNATURE NEEDS TO BE EITHER WITNESSED AND/OR NOTARIZED.

Witness Signature: _____ Print Name: _____

Witness Address: _____ City/ST: _____ Zip: _____

Witness Home Phone: _____ Witness Work Phone: _____

State of Oklahoma, County of Oklahoma, ss:

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires:
