

ABATE OF WISCONSIN MOTORCYCLE PROFILING COMPLAINT FORM
 The information you provide to us will be used to investigate a solution and will not be shared.

PERSONAL INFORMATION		
Name (Optional)	Phone Number (Optional)	
Address (Optional), City & State (Required)	Email (Optional)	
OFFICER/DEPARTMENT INFORMATION		
Officer Name(s) (if known)	Officer Badge Number Identification Number (if known)	Squad Number (if known)
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	