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)
0	FFICER/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 ☐ Yes ☐ No		
If so, what was the citation for		
Dated	Signature	