

Official Use Only

Date _____

P.D. _____

ORI _____

Control _____

**TRAFFIC STOP COMPLAINT
PUBLIC ACT 99-198**

Driver's Name _____

Address _____

Telephone _____

Date of Stop _____ **Time of Stop** _____

Location of Stop _____

Police Department _____

Name/Badge # of Office _____ **(If known)**

Witness to the Traffic Stop (If any)

1) **Name** _____

Address _____ **Telephone** _____

2) **Name** _____

Address _____ **Telephone** _____

Statutory Basis for Complaint

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Sexual Orientation |

**ON THE ATTACHED SHEET, PLEASE STATE THE
FACTS AND REASONS THAT SERVE AS THE
BASIS FOR YOUR COMPLAINT**

