**MINNESOTA UNIVERSAL PROFILING INCIDENT REPORT**

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| PERSONAL INFORMATION | | |
| Name (First, Middle, Last) | | Phone |
|  | |  |
| Home Address (Street, City, State, Zip) | | Email Address (optional) |
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| OFFICER/DEPARTMENT INFORMATION | | |
| Officer Name(s) (if known) | Officer Badge Number/  Identification Number (if known) | Squad Number (if known) |
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| Incident Location Address (Street, City, State, Zip) | | Incident Date & Time |
|  | |  |
| Witness Names (if applicable) | Mailing Address | Phone Number |
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|  |  |  |
| DESCRIPTION OF INCIDENT (Who/What/When/Where) | | |
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| Dated | Signature | |
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INSTRUCTIONS FOR COMPLETING THIS FORM

1. Please print neatly and carefully in black or blue ink.
2. Describe the incident in a short and concise manner. If you cannot fit all of the information in the space provided, consider revising your statement to make it shorter. Only attach additional sheets is absolutely necessary.
3. Include only information that you know or experienced firsthand; do not guess, do not exaggerate.
4. By signing the form, you are asserting that the information contained in it is true and correct.
5. This is not intended to be legal advice. If you have questions about your rights, you should speak to a licensed attorney.

INSTRUCTIONS FOR SUBMITTING THIS FORM

Make sure your voice is head! Mail a copy of the completed form to:

ABATE of MN

c/o Frank Ernst

840 Cree Drive

Chanhassen, MN 55317

Email a copy of the completed for to:

[Write2ride@abatemn.org](mailto:Write2ride@abatemn.org) or [StateCoordinator@abatemn.org](mailto:StateCoordinator@abatemn.org)