

**Local Police & Immigration Enforcement**  
**COMMUNITY ORGANIZATION INTAKE QUESTIONNAIRE**

*Please fill out this form for individuals who have been stopped or questioned about their immigration status by local law enforcement or other government agents. This form will be used to help us document the extent to which state and local law enforcement may be stopping, questioning, detaining or arresting people based on perceived immigration status. We may contact you to ask if this information may be used for legislative testimony, litigation, media purposes, or other advocacy efforts. Thank you for your assistance.*

**Part I: Contact Information of Person Involved in Profiling Incident**

Name:

Address:

Phone number where individual can be reach:

If individual does not want to provide contact information, may we contact you?

Date of Birth:

Country of Citizenship:

Date of entry into the United States:

Continuous residency in the US since that date?

Does individual have any children who are US citizens?

If individual is reporting an incident on behalf of someone else, is that person currently in immigration custody? If yes, please indicate (a) name of individual, (b) detention facility currently being held, and (c) relationship to complainant.

**Part II: Description of Incident**

Date of Incident:

Time of day incident occurred:

Police Department (please check):

Local police department \_\_\_\_\_ (city/town)

State Police \_\_\_\_\_ (town / barracks, if known)

MBTA police

Unknown

Other \_\_\_\_\_

If police department is not known, please describe what the officer was wearing, hat, significant markings, etc, that would be helpful in identifying the law enforcement agency.

Officer(s) name, if known:

Officer's badge number, if known:

Location of incident (please be as specific as possible – street name, exit #, landmarks, subway line, etc):

Was there any physical injury resulting from the police interaction? Was medical care sought?

*Please attach all copies of citations, notices of court appearances, etc.*

### **Part III. What happened?**

What did the officer say was the reason for the stop?

Why do you think you were stopped?

If the incident involved a traffic stop, who was the driver?

How many passengers were in the automobile?

Did the officer ask for personal identification of driver? Of all passengers?

If so, what information did you provide?

Did the officer inquire about your nationality or immigration status? If yes, what exactly did the officer ask?

What did you say in response to the question?

Did the officer ask to see immigration documents? If so, what did you show the officer?

How long did the stop last?

Did the officer make disparaging remarks that appear to be motivated by the individual(s) race or ethnicity? If yes, please describe at the end of the form.

Was anyone arrested?                      Yes    No  
If so, who?

In which station was individual held?

How long did the station detention last?

Was a ticket issued? (If yes, please attach copy)

Was or will there be a court appearance? Which court? Lawyer?

When is the next court hearing?

If non-citizen, is individual represented by an immigration lawyer? Please provide name and contact information.

Is there a criminal defense lawyer involved? Please provide the name(s) and contact information of lawyers.

**Part V. Identification**

What form of identification did the individual present?

What country or US state issued the ID?

Expiration date?

Was the identification confiscated?

If confiscated, were you given an explanation of why it was taken?

Have you been able to retrieve your identification? Have you tried?

Did you file a formal complaint?

Were any witnesses present? Are they available? If so, please provide name(s), contact information, and relationship to individual. Please indicate whether we may contact the witnesses.

Please describe below any other information that would be relevant to this incident. Please also include whether the individual had previous interactions with this particular officer.

**Community Organization Information:**

Name / title of person filling out this form:

Organization:

Contact information:

May we contact your organization for follow up information?

Today's date:

**Please email, fax or mail this form to:**

Attn: Anjali Waikar  
ACLU of Massachusetts  
211 Congress Street, Boston, MA 02110  
[awaikar@aclum.org](mailto:awaikar@aclum.org)  
(f) (617) 451-0009 / (o) (617) 482-3170, x 315

