

# Adams County Sheriff's Office

332 N. 19th Avenue  
Brighton, CO 80601

P.O. Box 5001  
Brighton, CO 80601

## Citizen Compliment/Complaint

### CITIZEN(S) FILING COMPLIMENT/COMPLAINT

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

#### IF FILING A COMPLAINT, I HEREBY STATE:

1. I HAVE READ THE ATTACHED STATEMENT FOR ACCURACY IN ITS ENTIRETY AND HAVE BEEN GIVEN THE OPPORTUNITY TO MAKE CORRECTIONS AND AMEND THIS STATEMENT.
2. I UNDERSTAND I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AND PROVIDE A FORMAL STATEMENT TO THE PROFESSIONAL STANDARDS DIVISION OF THE ADAMS COUNTY SHERIFF'S OFFICE.
3. UNDER PENALTIES AS PROVIDED BY LAW, PURSUANT TO COLORADO REVISED STATUTE 18-8-111, FALSE REPORTING TO AUTHORITIES, I CERTIFY THAT THE ALLEGATIONS SET FORTH IN MY COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I KNOWINGLY MAKE FALSE ACCUSATIONS, I MAY BE SUBJECT TO CRIMINAL PRESECUTION OR CIVIL PENALTIES.

PRINT/TYPE COMPLAINANT NAME:	COMPLAINANT SIGNATURE:
PARENT/GUARDIAN NAME: (If Complainant is Minor)	PARENT/GUARDIAN SIGNATURE: (If Complainant is Minor)
Date:	Time:

EMPLOYEE RECEIVING COMPLAINT:	EMPLOYEE SIGNATURE:
DATE:	TIME:
HOW RECEIVED: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Fax <input type="checkbox"/> Anonymously	

# Citizen Compliment/Complaint

**PLEASE SELECT COMPLIMENT OR APPROPRIATE TYPE OF COMPLAINT:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Compliment           | <input type="checkbox"/> Arrested without Cause   | <input type="checkbox"/> Discourtesy/Rudeness | <input type="checkbox"/> Search & Seizure |
| <input type="checkbox"/> Property Mishandling | <input type="checkbox"/> Unsafe Vehicle Operation | <input type="checkbox"/> Excessive Force      |   |
| <input type="checkbox"/> Improper Conduct     | <input type="checkbox"/> Failure to Act           | <input type="checkbox"/> No Report Filed      |   |
| <input type="checkbox"/> Other _____          |   |   |   |

Are you filing this compliment or complaint for another person?  Yes  No

If Yes:

Name of Person:
Address of Person:
Phone Number:

**INCIDENT INFORMATION:**

Date of Incident:	Time of Incident:	ACSO Case Number:
Location of Incident:		

**ACSO EMPLOYEE INFORMATION: (Please list additional Employees on Page 4)**

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

**WITNESS INFORMATION: (Please list additional Witnesses on Page 4)**

Name:	DOB:	
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:	DOB:	
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:



# Citizen Compliment/Complaint

## ADDITIONAL ACSO EMPLOYEES:

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

## ADDITIONAL WITNESS INFORMATION:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone: