

Adams County Sheriff's Office

4430 S. Adams County Pkwy., 1st Floor, Suite W5400
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, MAY BE SUBJECT TO CRIMINAL PROSECUTION OR CIVIL PENALTIES.

PRINT/TYPE COMPLAINANT NAME:	COMPLAINANT SIGNATURE:
PARENT/GUARDIAN NAME: <small>(If Complainant is Minor)</small>	PARENT/GUARDIAN SIGNATURE: <small>(If Complainant is Minor)</small>
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:

- Compliment
 Arrested without Cause
 Discourtesy/Rudeness
 Search & Seizure
 Property Mishandling
 Unsafe Vehicle Operation
 Excessive Force
 Improper Conduct
 Failure to Act
 No Report Filed
 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 on of Employee:		

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

Download form and email to acsoia@adcogov.org