



SHERIFF

ADAMS COUNTY

SHERIFF GENE R. CLAPS

CITIZEN COMPLIMENT/COMPLAINT

CITIZEN(S) FILING COMPLIMENT/COMPLAINT

Name:		Date of Birth:
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		Date of Birth:
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Are you filing this compliment or complaint for another person? Yes No If YES, fill out the the following information:

Name of Person:	Phone Number of Person:
Address of Person:	

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.

Complainant Signature:	Date:	Time:
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Parent/Guardian Signature (If Complainant is Minor):	Parent/Guardian Name (If Complainant is Minor):
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~ACSO USE ONLY~

Employee Receiving Complainant:	Employee Signature:
Date:	Time:

How was the Compliment/Complaint Received: In Person E-mail Letter 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: _____ | |

INCIDENT INFORMATION:

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

ACSO EMPLOYEE INFORMATION: (Please list additional Employees on Page 3)

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

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

WITNESS INFORMATION: (Please list additional Witnesses on Page 3)

Name:		Date of Birth:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		Date of Birth:
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:		Date of Birth:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		Date of Birth:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		Date of Birth:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		Date of Birth:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

