



CITY OF CAÑON CITY

Police Department

161 Justice Center Road
Cañon City, CO 81212
(719) 276-5600 • Fax: (719) 276-5607

Control Number: _____ IA: _____

All Written Employee Complaints Go Directly To The Chief of Police

Cañon City Police Department Complaint Receipt Form

Form Instructions: Sections 1-3 are to be completed by a police supervisor. Section 4 is to be completed by the complainant. Both parties are then to sign the form and keep a copy. This form is to be completed in its entirety. All sections must be filled in without exception.

1. Complainant Information:

Last Name: _____ First Name: _____ MI: _____ DOB: _____ Sex: _____

Address: _____ City/State: _____ ZIP: _____ Phone: _____

Information Received By: Personal Interview Telephone Mail Other _____

2. Involved Employee(s) (if known):

Name: _____ ID#: _____

Name: _____ ID#: _____

Name: _____ ID#: _____

3. Witnesses if known:

(Name) (Address) (Phone)

(Name) (Address) (Phone)

4. Brief Description of Incident (attach additional sheets if necessary):

Date/Time Incident Occurred: _____ Date/Time Incident Reported: _____

I hereby state that the information provided by me in this complaint is true and correct. I understand that if the investigation reveals that I knowingly provided false or misleading information, I may be subject to criminal charges under Colorado Revised Statute 18-8-111.

Complainant Signature: _____ **Date:** _____

Supervisor Receiving Complaint: _____ **Date:** _____

A copy of this form is to be provided to the complainant(s) at the time of the complaint as a receipt.

5. Receipt provided by _____ On _____ At _____
(Signature) (Date) (Time)

Complainant Information:

Name: _____ DOB: _____

Brief Description of Incident (attach additional sheets if necessary):

Supervisor Receiving Complaint: _____ Date: _____

Division Commander Review: _____ Date: _____