



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: _____

