



FOUNTAIN POLICE DEPARTMENT

COMPLAINT RECEIPT FORM



Name: _____ DOB: _____ Race: _____ Sex: _____

Address: _____ Phone: _____ Email: _____

BRIEF DESCRIPTION OF INCIDENT
(date, time, location, nature of the complaint) (please use the backside of this form if needed)

INVOLVED EMPLOYEE(S) if known	
Name: _____	ID#: _____
Name: _____	ID#: _____
Name: _____	ID#: _____

- Your complaint as alleged may or may not constitute a potential violation of departmental policy.
- Your complaint will be referred to the appropriate Division/Office for review and investigation. Depending on the complexity of your complaint, this may take up to 30 days to complete.
- If you have provided your complete contact information above, you will be contacted with the disposition of your complaint.

Complaint Signature: _____ Date: _____

- *I hereby state that the information provided by me in this complaint is true and correct. I understand that if investigation reveals that I have knowingly provided false or misleading information, I may be subject to criminal charges under C.R.S. 18-8-111 (1)(b)(II) or C.R.S. 18-8-111 (1)(b)(III), a class 2 Misdemeanor.*

Department Member Receiving Complaint: _____ Date: _____

Department Member Assigned to Follow Up: _____ Date: _____