Custer County Sheriff's Office
Complaint Receipt Form

Complainant Information:

Name: _____ DOB: _____
Last First Middle

Address: _____

Information Received By: ☐ Personal Interview ☐ Telephone ☐ Mail ☐ Other

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

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

_____

_____

_____

Involved Employee(s) (if known):

Name: _____ ID#: _____

Name: _____ ID#: _____

Name: _____ ID#: _____

Status of Information:

☐ The information provided does not constitute a violation of Department Policy. No further investigation will be conducted.

☐ The issues raised in your complaint will be examined by _____, the employee's immediate supervisor and will be addressed at that level. No further action is anticipated.

☐ A preliminary inquiry will be conducted to determine whether or not a policy violation may have occurred. You will be notified of the results by _____.

☐ A formal complaint investigation has been initiated based on the information received. An impartial investigation will be conducted to determine whether or not misconduct occurred. Upon completion of the investigation you will be notified of the results.

It is anticipated that this investigation will be conducted by:

☐ The effected employee's Chain of Command (supervisors).

☐ The Internal Affairs Unit

Supervisor Receiving Complaint: _____Date:_____

Division Commander Review: _____Date:_____

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: _____