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 KNOWLINGLY MAKE FALSE ACCUSATIONS, I MAY BE SUBJECT TO CRIMINAL PRESECUTION OR CIVIL PENALTIES.**

Complainant Signature:	Date:	Time:

Parent/Guardian Signature (If Complainant is Minor):	Parent/Guardian Name (If Complainant is Minor):

~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:

- ☐ Compliment
- ☐ Arrested without Cause
- ☐ Discourtesy/Rudeness
- ☐ Search & Seizure
- ☐ Property Mishandling
- ☐ Unsafe Vehicle Operation
- ☐ Excessive Force
- ☐ Improper Conduct
- ☐ Failure to Act
- ☐ No Report Filed
- ☐ 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:		

Name of Employee:		
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:

Citizen Compliment/Complaint

DESCRIBE WHAT HAPPENED:

Completed Compliment/Complaint forms may be returned to the Adams County Sheriff's Office or mailed to:

ADAMS COUNTY SHERIFF'S OFFICE
PROFESSIONAL STANDARDS DIVISION
4430 S. ADAMS COUNTY PARKWAY
1ST FLOOR, SUITE W5400
BRIGHTON, CO 80601

E-MAIL SUBMITTED FORMS TO: acsoia@adamssheriffco.gov