



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: <input type="checkbox"/> In Person <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Anonymously | |

Citizen Compliment/Complaint

Please Select Compliment or Appropriate Type of Complaint:

| | | | |
|---|---|--|---|
| <input type="checkbox"/> Compliment | <input type="checkbox"/> Arrested without Cause | <input type="checkbox"/> Courtesy/Rudeness | <input type="checkbox"/> Search & Seizure |
| <input type="checkbox"/> Property Mishandling | <input type="checkbox"/> Unsafe Vehicle Operation | <input type="checkbox"/> Excessive Force | <input type="checkbox"/> Improper Conduct |
| <input type="checkbox"/> Failure to Act | <input type="checkbox"/> No Report Filed | <input type="checkbox"/> 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