



# LOCHBUIE POLICE

703 WELD COUNTY ROAD 37 LOCHBUIE, COLORADO 80603

PHONE: (303) 659-1395

FAX: (303) 655-1755

## Complaint Form

**I understand that knowingly falsifying any statements or information will result in criminal charges being filed against me. *CRS 18-8-111(1)(b)(c)(d), False Reporting to Authorities*, class three misdemeanor, punishable by up to six months in County Jail and/or \$750.00 fine.**

The Lochbuie Police Department will decide how to investigate your complaint. The investigation may be informal, such as a discussion between you and the officer's supervisor. Or, it may be formal, which means that you, the officer and witnesses will be interviewed by Police Department investigators and a written report on the department's finding and conclusions will be prepared. You will be notified of the result of the investigation.

Generally, investigations and any officer discipline that may result from them are considered non-public, confidential records. By law, the Police Chief decides if and how an officer will be disciplined.

When you use the Police Department complain form, it usually takes one week to three months to receive a final response from the department. You may check on the status of your complaint at any time.

### CONFIDENTIAL

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Case Number (if applicable): \_\_\_\_\_

Name of Officer(s) Involved: \_\_\_\_\_

### CONFIDENTIAL



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Describe the incident you are complaining about. Give as many details as possible. For example: Where did it happen? Who else was there?

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I hereby certify to the best of my knowledge, the statements I have made on this form are true. I further understand that knowingly falsifying any statement or information will result in criminal charges being filed against me. *CRS 18-8-111(1)(b)(c)d()*, False Reporting to Authorities, Class Three Misdemeanor, punishable by up to six months in County Jail and/or \$750.00 fine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Staff Use:

Complaint Number: \_\_\_\_\_

Received By: \_\_\_\_\_

**CONFIDENTIAL**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_