

City of Cripple Creek Police Department

101 E. Bennett Avenue PO Box 1687 Cripple Creek, Colorado 80813
Phone (719) 689-2655 Fax (719) 689-3248

CIVILIAN COMPLAINT FORM

TODAY'S DATE: _____

REFERENCE #: _____

PRINTED NAME OF COMPLAINANT: _____

BEST METHOD TO CONTACT YOU: PHONE # _____

MAILING ADDRESS: _____

EMAIL: _____

OFFICER(S) INVOLVED: _____
(IF KNOWN) _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM/PM

DETAILS OF INCIDENT: _____

SIGNATURE OF COMPLAINANT: _____

DATE OF SIGNATURE: _____

Describe all pertinent information, date, time, names of all persons involved. Statement must be in your own words. By signing below, I certify, under penalty of perjury in the second degree under C.R.S. § 18-8-503, the above facts are true and correct to the best of my knowledge. I also understand that making a false report to a law enforcement agency/officer is a crime as defined in C.R.S. § 18-8-111. Any mistakes in this statement have been crossed out and bear my initials. page ____ of ____

