



RIO GRANDE COUNTY SHERIFF'S OFFICE DEPUTY COMPLAINT FORM

640 CHERRY ST.
DEL NORTE, CO 81132
(719) 657-4000

Citation/Report #

With the information included within this complaint, an administrative review will be conducted by the Rio Grande County Sheriff's Office, who will determine what action, if any, should be taken. Should adequate probable cause exist to file formal charges, your testimony will be required for a successful prosecution. It is a class 3 misdemeanor for any person to make a report or knowingly cause the transmission of a report to law enforcement authorities pretending to furnish information relating to an offense or other incident within their official concern, when the person has no such information or knows that the information is false, 18-8-111 CRS, as amended. Pursuant to C.R.S. (24-31-309)(4)(a) a peace officer shall provide, without being asked, the peace officer's business card. The business card **must** include identifying information about how to file a complaint related to the contact.

Location of Incident (including mile markers, or intersections)	County/City	Date	Time <input type="checkbox"/> A.M <input type="checkbox"/> P.M
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Reporting Party's Name (Please print)	Home Phone	Business Phone
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Address	City	State	Zip Code
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Vehicle Information	License Number	Type	State	Vehicle year	Make	Model	Color
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Complaint type: Phone: Internet: Fax: Dispatch: Walk in: Other Agency: Are you an: Adult Juvenile

DESCRIPTION OF DEPUTY (NAME) (PHYSICAL DESCRIPTION) (BADGE NUMBER).

WOULD YOU BE ABLE TO IDENTIFY THE DEPUTY AGAIN YES NO

If more than one deputy was involved, list that information on a separate sheet.

DESCRIPTION OF INCIDENT/COMPLAINT

Include details concerning the incident, traffic, speed limits, traffic signs, signals, and markings, and what the driver and/or passengers were doing in the apparent violation of applicable laws. If known, list names of witnesses to the incident and/or items stolen, damaged, missing including serial numbers if available, and/or injuries.

ADDITIONAL INFORMATION ON BACK/SECOND SHEET OF COMPLAINT FORM:

I, _____, swear or affirm that the above information is true and correct to the best of my knowledge. This statement is given of my own free will, without threats or coercion by another.

I would I would not be willing attest to this statement.

Signature of Reporting Party	Date	Time <input type="checkbox"/> A.M <input type="checkbox"/> P.M
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Signature of supervisor taking report	Printed last name	Badge Number	Shift
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Instructions for submitting complaint:
 This form will need to be filled out in its entirety, signed, and turned into the Rio Grande County Sheriff's Office by mail, hand delivered to our complaint box, sent via email, or given to a supervisor. If this form is brought into the office outside of normal business hours, a supervisor may need to be called using the telephone in the Sheriff's Office lobby, it may be left in the complaint box, or brought in during normal business hours.

Supervisor comments/Disposition of Complaint:

Was force used: Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Force: Officer Presence: <input type="checkbox"/> Soft empty hand: <input type="checkbox"/> Hard empty hand: <input type="checkbox"/>	
Intermediate Weapon: <input type="checkbox"/>		Less Lethal: <input type="checkbox"/> Taser: <input type="checkbox"/> Bola: <input type="checkbox"/> Other: _____	
Was a Citation/Summons Issued <input type="checkbox"/> YES <input type="checkbox"/> NO	Citation/Summons Number	Deputy Signature	Date
Reviewed By:			Date