

# SEVERANCE POLICE DEPARTMENT

3 South Timber Ridge PKWY  
P.O. Box 339  
Severance, CO 80548  
970-685-9708

## COMPLIMENT / COMPLAINT FORM

**Instructions:** If you would like to compliment the Severance Police Department or one of its employees, or file a complaint regarding the Severance Police Department or one of its employees, please complete this form and submit it to the Severance Police Department or the Town of Severance by mail or in person to the address above. You may also complete the form online at the Town of Severance website. Personal information on this form will not be released to the public unless required by law. If you have questions or would like assistance completing this form, please contact a supervisor with the Severance Police Department at the above address or telephone number.

I would like to compliment: Department Employee

I would like to submit a complaint: Department Employee

### *Information about you*

Do you wish to remain anonymous?		YES	NO
Last Name	First Name	M.I.	Date of Birth
Address and APT#		City	State Zip
Cell Phone	Home/ Work Phone	Email	Race Gender

### *If you are completing this form for someone else, please provide the following*

Do they wish to remain anonymous?		YES	NO
Last Name	First Name	M.I.	Date of Birth
Address and APT#		City	State Zip
Cell Phone	Home/ Work Phone	Email	Race Gender

### *Information about the incident*

Location or Address of Incident	Date of Incident	Time of Incident	
Witness Last Name	Witness First Name	Age	Gender
Witness's Address	City	State	Phone

### *Information about the Severance Police Department / Employee(s)*

Name or Badge Number of the Department Employee	Name or Badge Number of the Department Employee
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### *Nature of Action: Check all that apply and briefly explain what happened of the following page.*

Extremely helpful	Excessive / improper use of force	Rudeness / discourtesy
Very caring / empathetic	False arrest	Violation of civil rights
Professional conduct	Unlawful search and seizure	Bias-based profiling
Did a great job	Dishonesty / Untruthfulness	Department procedures / tactics
Made an extra effort	Corruption	Other

Employee Receiving complaint (Print):		Date
Employee Receiving complaint (Signature):		Time
How Received:	In Person Phone Email Mail Fax	Anonymously

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Please describe the incident with as much detail as possible and use additional pages if necessary.

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 under penalties as provided by law, pursuant to Colorado Revised Statute 18-6-707, false reporting to authorities, I certify that the allegations and information set forth in my complaint are true and correct to the best of my knowledge. I understand that if I knowingly make false accusations, I may be subject to criminal persecution or civil penalties.

Print Name:	Signature:	Date/ Time
Employee Receiving Complaint (Print):	Employee Receiving Complaint (Signature):	Date / Time