



Case Report No.: \_\_\_\_\_

## Compliment/Complaint

**TO BE COMPLETED BY THE REPORTING PARTY (online form available at [windsorpd.com](http://windsorpd.com))**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date/Time of Incident:

Location of Incident:

Subject Employee: \_\_\_\_\_

Subject Employee: \_\_\_\_\_

Subject Employee: \_\_\_\_\_ Subject Employee: \_\_\_\_\_

Details of Interaction (may attach additional pages, if needed): \_\_\_\_\_

I affirm, under penalty of law, that the foregoing information provided by me is true, accurate and complete.

**Signature of Reporting Party**

Signature of Accepting Supervisor

---

Print name and Date

---

**Date and Time Received by Supervisor**

*(It is a violation o*

*(It is a violation of Colorado Revised Statutes 18-8-111 for a person to commit an act of false reporting to authorities as described in this statute.)*

**Town of Windsor use only**

Action Required:  Yes  No

**TYPE: INFORMAL: Performance Review**

**FORMAL:  Administrative  Criminal**

**FOR PERFORMANCE REVIEW ONLY**

DATE AND TIME EMPLOYEE(S) NOTIFIED:

Employee's Signature

Date/Time

Disposition: \_\_\_\_\_

**TO BE COMPLETED BY THE DIVISION COMMANDER [FORMAL INVESTIGATION ONLY]**

Date and Time Received: \_\_\_\_\_

Personnel Investigation No. \_\_\_\_\_

Date Forwarded to Chief of Police: \_\_\_\_\_

Division Commander's Signature



