



Case Report No.: _____

Compliment/Complaint

TO BE COMPLETED BY THE REPORTING PARTY (online form available at 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: _____

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 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
Employee's Signature	Date/Time
Employee's Signature	Date/Time
Employee's Signature	Date/Time
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

