

El Paso County Sheriff's Office
Complaint Receipt Form

In person: Telephone: Other: _____ Date: _____ Complaint #: _____
Complainant / RP's Name: _____ Sex: ___ Race: _____ DOB: _____ Age: ___
Address: _____ Home Telephone: _____
Business Telephone: _____ Date / Time of Incident: _____
Involved Employee (s): _____

Details of Allegation(s) or Statement of Complainant or RP:

I hereby state that the information provided by me in this complaint is true and correct.

Signature of Complainant: _____ *Date:* _____

For Internal Use Only

Status of Information:

- The information provided does not constitute a violation of Office Policy. No further investigation needed.
- This complaint will be examined by the employee's chain of command.
- A formal investigation will be initiated based on the information received. An impartial investigation will be conducted to determine whether misconduct occurred. Upon completion of the investigation, you will be notified of the results.

Supervisor Receiving Complaint: _____ Date: _____

Internal Affairs Representative: _____ Date: _____

Division Commander Review: _____ Date: _____

Your point of contact for this complaint will be: _____ Telephone Number: _____