

Allegation of Employee Misconduct

Send Complaint to:

LINCOLN COUNTY SHERIFF'S OFFICE
P.O Box 10

Hugo, Colorado 80821
Office 719-743-2426 FAX 719-743-2392

Date Received Stamp: (OFFICIAL USE ONLY)

Received: ☐ In Person ☐ By Mail ☐ By Fax

☐ By Email ☐ Other _____

Complainant Information:

Complainant's Name _____ Date of Birth: _____ Race/Sex: _____
Home Address: _____
E-mail Address: _____ Home Telephone #: _____ Cell Phone #: _____

Complaint:

Case Number (if known): _____ Date of Incident: _____ Location of Incident: _____
Complaint involves an allegation of: _____ Time Of Incident: _____

Witness Information:

1 Witness Name: _____ Witness Home Phone #: _____
Witness Address: _____ Cell Phone #: _____
2 Witness Name: _____ Witness Home Phone #: _____
Witness Address: _____ Cell Phone #: _____

Employee Information:

1 Employee Name: _____ ID Number: _____
Was the Employee in Uniform at the Time of The Incident: _____ Was the Employee Driving a Marked or Unmarked Car: _____
2 Employee Name: _____ ID Number: _____
Was the Employee in Uniform at the Time of The Incident: _____ Was the Employee Driving a Marked or Unmarked Car: _____
3 Employee Name: _____ ID Number: _____
Was the Employee in Uniform at the Time of The Incident: _____ Was the Employee Driving a Marked or Unmarked Car: _____

OFFICIAL USE ONLY:

ASSIGNED:

Name and/or Unit:

Incident Type:

Statement of Complaint (continued):

I hereby acknowledge that the information provided in this document is true and accurate to the best of my knowledge and recollection.

Complainant's Signature: _____ Date: _____

Supervisor Accepting Complainant: _____ *(Print Name)* Date: _____
