



Office Use Only
Case Number: _____
Date: ___/___/___ Initials: _____

**PIKES PEAK COMMUNITY COLLEGE CAMPUS POLICE DEPARTMENT COMPLAINT/COMMENDATION FORM**  
**Pikes Peak Community College Campus Police Department**  
**5675 S Academy Blvd., Colorado Springs, CO 80906**  
**(719)540-(719)502-21470-7705**

**Instructions:**

1. If you would like to file a complaint against or praise a Pikes Peak Community College Campus Police Department employee, please write legibly and fill out this form in its entirety. Personal information will not be disclosed to the public, unless required by law.
2. You can submit this form by mailing it to the address listed above or by dropping it off at the Campus Police Department Office located in room A-100. (Please mark it ATTN: Complaint/Commendation Section)
3. You can make a complaint in person by coming to the address listed above and speaking to the supervisor on-duty.
4. You can submit a report over the phone by calling either of the numbers listed above. Please include your name and a phone number where you can be reached for follow-up information.

**I wish to file a (please check one only):**

**COMPLAINT**     **COMMENDATION**

**Information about you:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race:(optional)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Are you filling this out on the behalf of someone else?  Yes     No

If Yes, what is his/her name? \_\_\_\_\_ What is his/her telephone number? ( ) \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Information about the incident:**

Location or Address of Incident: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM

Witness Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Witness Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of employee(s) involved: \_\_\_\_\_

Narrative: Briefly describe what happened (attach additional sheets as necessary): \_\_\_\_\_

**If you are filing a complaint:**

How would you like to see the complaint resolved? \_\_\_\_\_

Was someone arrested?  Yes     No

Name of person(s) arrested: \_\_\_\_\_

Complainant Signature (if in person): \_\_\_\_\_ Date: \_\_\_\_\_