



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)502-214470-7705

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: _____