

AULT POLICE DEPARTMENT
CITIZEN COMPLAINT FORM
(AULT POLICE COMPLAINTS ONLY)

Name of Complainant: _____

Address of complainant: _____

Phone # of Complainant: _____

Date of Incident: _____

These complaint forms may be obtained from the Ault Police Department or from the Ault Town Hall. Once completed, this form should be returned to Chief of Police, or their designee, for review. After a review of the complaint has been conducted, the Ault Police Department will begin an in-depth investigation. As the complainant, you may be asked to attend a meeting where you will be able to freely air your concerns. Within two (2) weeks after attending the meeting you will be advised of what action, if any, was taken. Thank you for your time and interest in completing this form and bringing your concerns to our attention. If you require any assistance, please contact the Chief of Police at 970-834-1336.

(Please write or type legibly in the space provided. If more space is required, please attach additional sheets to this form.)

Having written and read this statement consisting of these facts to be true and correct. I understand that it is a criminal offense to give false or misleading information on this statement. A criminal offense of this type is classified as False Reporting to Authorities, pursuant to C.R.S. 18-8-111, and could carry a sentence of up to six months imprisonment and/or a \$750.00 fine.

Signature of person giving statement

Date of Statement