Office of the Independent Monitor

Denver Police/Sheriff Complaint and Commendation Form

This form can be faxed to 720-913-3305
or hand-delivered/mailed to the OIM
at the Denver Post Building
101 W. Colfax Ave., Suite 101
Denver, CO 80202

I want to file a: ☐ **Complaint** ☐ **Commendation**

Interested in mediation: ☐ **Yes** ☐ **No**

Are you filing on behalf of someone else: ☐ **Yes** ☐ **No**

Other Person's Name: _____ Phone: _____

Are you represented by an attorney regarding this matter: ☐ **Yes** ☐ **No**

Attorney's Name: _____ Phone: _____

Information about you:

Name: _____ Phone: _____

E-mail: _____

Street Address: _____ City/State/ZIP Code: _____

Date of Birth: _____ Gender: _____ Race/Ethnicity: _____

Information about the incident:

Date: _____ Time: _____ AM/PM

Address/Location: _____

Information about the Denver Police or Sheriff Department employee(s) involved:

Name: _____ Badge Number/District: _____

Name: _____ Badge Number/District: _____

Information about witnesses:

Name: _____ Phone: _____

Street Address: _____ City/State: _____

Briefly summarize what happened (attach additional pages or documents if needed):

_____

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