El Paso County Sheriff's Office

Complaint Receipt Form

In person:	Telephone:	Other:	Date:		Complaint #:			
Complainant / R	RP's Name:		Sex:	Race:	DOB:	Age:		
Address: Telephone:								
Email Address: Date/Time of Incident:								
Involved Employee(s):								
Details of Allegation(s) or Statement of Complainant or RP:								
I hereby state that the information provided by me in this complaint is true and correct.								
Signature of Comp	plainant:			_Date:				
		** For Intern	al Use Only **					
Status of Inform	nation:							
☐ The information provided does not constitute a violation of Office Policy. No further investigation needed.								
		by the employee's chain of com						
_	estigation will be init	iated based on the information r		linvestigation	will be conducte	ed to determine		

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Complaint Disposition Details:							
Findings: Exonerated Unfounded Not Sustained Sustained Sustained - No Penalty							
Supervisor Receiving Complaint:	Date:						
Internal Affairs Representative:	Date:						
Division Commander:	Date:						