



COMPLAINT FORM

PO Box 351
50 S Beech Street
Hudson, CO 80642

Phone: 303-536-9311
Fax: 303-536-4753
info@hudsoncolorado.org

Please fill out this form in its entirety. **Forms must be turned in with a contact name, phone number and both physical and mailing address to be considered.** Anonymous complaints may not be pursued. This form may be forwarded to the Police Department, used as a report for Municipal Court, and may be a public record.

Date of incident/issue: _____

Approximate time of day: _____

Incident/Issue involves Person or persons: _____

Equipment: _____

Briefly describe the situation:

(Continue on back if necessary.)

Please list witnesses if any and/or any additional comments:

Please attach photographs or other documentation related to this complaint and list those attachments below:

COMPLAINT FORM

This Section Must Be Completed

Your name: _____

Your daytime phone number: _____

Your physical address: _____

Your mailing address: _____

Your email address: _____

Applicant's Signature indicating, under penalty of perjury that, to the best of the applicant's knowledge, the foregoing is true, correct, and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____.

Staff Initials: _____.

Approved: _____.

Date: _____.

Notes: _____.

_____.

FOR OFFICE USE ONLY

REPORT OF INVESTIGATION AND FOLLOW-UP

Investigated by: _____ Date: _____

Person(s) Contact: _____ Date of Contact: _____

_____ Date of Contact: _____

_____ Date of Contact: _____

Report Complete: Date: _____

Recommendation Complete: Date: _____

Response to Complaining Party Complete: Date: _____

Staff Signature: _____ Date: _____