



# Auraria Campus Police Department Citizen Complaint/Commendation Form

## Campus Affiliation

Campus Affiliation:  CCD  CU Denver  MSU Denver  AHEC  Vendor  Visitor

Status:  Student  Faculty  Staff  Vendor  Visitor

## Citizen Information

Name (Last, First, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Occurrence Details

Location: \_\_\_\_\_

Date: \_\_\_\_\_ Between the hours of: \_\_\_\_\_  a.m./ p.m. and \_\_\_\_\_  a.m./ p.m.

### ACPD Employee(s) Involved: (If known please fill out completely)

Officer  Neighborhood Community Officer  Dispatcher Case Number: \_\_\_\_\_

1. Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

### Witnesses: (Please list names and contact information for each listed)

**Statement/Summary of Complaint:**

I have read the foregoing statement and the facts contained therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assigned To

**Submit Form**

Once form is complete please email to: [professionalstandards@ahec.edu](mailto:professionalstandards@ahec.edu)