The Louisville Police Department takes seriously both compliments and complaints regarding the service provided by the Department and its members.

The Louisville Police Department maintains the integrity of the department by conducting thorough and impartial investigations of complaints of member misconduct, to protect the community from member misconduct and to protect members from false or malicious allegations.

Please complete all information as thoroughly and accurately as possible, providing as much detail as you can remember.

<table>
<thead>
<tr>
<th>Type of report</th>
<th>Commendation or Compliment</th>
<th>Complaint</th>
<th>Suggestion or Inquiry</th>
</tr>
</thead>
</table>

Information about you

Last Name ____________________ First Name ____________________ Middle Initial ____ Date of Birth _________

Address (Street, City, State) _____________________________________________________________

Day Phone _________ Evening Phone _________ E-Mail Address ______________________________

Information about the incident

Date of Incident _________ Time _________ a.m. ____ p.m. ____ Day of week _________ Case Number _________

Location ____________________________________________________________

Witness Name ______________________________________ Witness Phone ________________________

Witness Name ______________________________________ Witness Phone ________________________

Information about Louisville Police employee(s) involved

Name/Badge # ____________________ Or description __________________________________________

Name/Badge # ____________________ Or description __________________________________________
Briefly describe what happened:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please provide any additional information you think will be helpful:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Signature ____________________________ Date ____________________________

The Louisville Police Department carefully investigates all complaints relating to police service and police misconduct. We value your opinion and thank you for bringing the matter to our attention.

This form can be printed and mailed to: Or faxed to:
Louisville Police Department 303-335-4683
992 Via Appia Way Attn: Professional Standards
Louisville, CO 80027

For internal use only:
Receiving Supervisor: ____________________________ Date Report Received: ____________________________