



LOVELAND POLICE DEPARTMENT COMPLIMENT/COMPLAINT FORM

810 E. 10th St., Suite 100
Loveland, Colorado 80537

www.cityofloveland.org/police

Instructions: If you would like to compliment the Loveland Police Department or one of its employees, or file a complaint regarding the Department or a Department employee, please fill out this form or complete the process online at the above web address. Personal information will not be released to the public unless required by law. You may submit this form by mail or return it to the Loveland Police Department at the above address.

I would like to:

- Compliment the Department and/or Department employee(s)
- Submit a complaint regarding the Department and/or Department employee(s)

Information about you

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /	Check this box if you wish to remain anonymous <input type="checkbox"/>
STREET ADDRESS AND APT#	CITY	STATE	ZIP CODE	
PRIMARY/SECONDARY PHONES	EMAIL		RACE SEX	

If you are filling this out for someone else, please complete the following

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /	Check this box if He/she wishes to remain anonymous <input type="checkbox"/>
STREET ADDRESS AND APT#	CITY	STATE	ZIP CODE	
PRIMARY/SECONDARY PHONES	EMAIL		RACE SEX	

Information about the incident

LOCATION OR ADDRESS OF INCIDENT	DATE OF INCIDENT	TIME OF INCIDENT	
WITNESS LAST NAME	WITNESS FIRST NAME	AGE	SEX
WITNESS ADDRESS	CITY	STATE	PHONE
NAME OR ID OF DEPARTMENT EMPLOYEE		NAME OR ID OF DEPARTMENT EMPLOYEE	

Nature of action: Check all that apply and briefly describe what happened on the following or another page (date and sign it)

<input type="checkbox"/> Extremely helpful	<input type="checkbox"/> Excessive/improper use of force	<input type="checkbox"/> Rudeness/discourtesy
<input type="checkbox"/> Very caring/empathetic	<input type="checkbox"/> False arrest	<input type="checkbox"/> Violation of civil rights
<input type="checkbox"/> Professional conduct	<input type="checkbox"/> Unlawful search and/or seizure	<input type="checkbox"/> Bias-based profiling
<input type="checkbox"/> Did a great job	<input type="checkbox"/> Dishonesty/untruthfulness	<input type="checkbox"/> Department procedures/tactics
<input type="checkbox"/> Made an extra effort	<input type="checkbox"/> Corruption	<input type="checkbox"/> Other

I attest that the above information and my statement is true and correct to the best of my recollection

Signature: _____

Date: / /

