

Cedaredge Police Department
PO Box 398 – 140 NW 2nd Street
Cedaredge, CO 81413
970-856-4301



Serving with Pride, Integrity and Honor

**CEDAREEDGE POLICE DEPARTMENT
COMPLAINT FORM**

Date occurred: ____/____/20____ Time: _____

Location of occurrence: _____

Details of complaint:

I have read each page of this statement consisting of ____ page(s), each page of which bears my signature, and corrections, if any, bear my initials. I certify that the facts contained herein are true and correct to the best of my knowledge. I also acknowledge that I have received a true and complete copy of my complaint. I understand that it is a Criminal Offense to knowingly make a false report to Law Enforcement Authorities, (C.R.S. 18-8-111), and that the Cedaredge Police Department will initiate legal action in cases involving intentional false reporting.

Print name of person making complaint: _____

Signature: _____

Address: _____ City: _____ Zip: _____

Home Phone (____) ____ - ____ Date of Birth: ____/____/____

Complaint received by: _____ Date ____/____/20____ Time _____

Page ____ of ____ (Over)

