

Bayfield Police Department

1199 Bayfield Parkway P.O. Box 80 Phone: (970) 884-9636 Fax: (970) 884-6053 Email: bpd@bayfieldgov.org

Complaint Form

Fill in as much information as possible:

Complainant's Name Home Address Employer Email		Phone Phone				
				Date of Incident	Time of Incident	Incident #
				Deputy Involved	Location of Incident	
				Witness to complaint		Phone
Witness to complaint		Phone				
Complaint (use additional sh	neet if needed)					

Complaint continued (use additional sheets if needed)				
FALSE STATEMENTS MADE HEREIN, ARE PUNISHABLE AS A AFFIRMED UNDER PENALTY OF PERJURY.	A CLASS 3 MISDERMEAN	IOR UNDER CRS 18-8-111,		
Complainant's Signature	Date	Time		
For Office Use Only				
Disposition:				
Sustained Not Sustained Unfounded	Exonerated			
Complaint Incident Number (if applicable)				
Town Marshal's Signature	Date	Time		