



COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding the Elbert County Sheriff's Office policies and procedures, or response time to a location, should be discussed with the shift supervisor at the office. Upon completion of this form, you may either return it in person, or mail the copy to Elbert County Sheriff's Office, Investigations Division, P.O. Box 486, Kiowa, CO 80117.

Name: _____ Phone: _____

Address: _____

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Names, OSN# of Employees Involved
(If known).

Names, addresses and telephone numbers of witnesses
Present at the time of occurrence (If known).

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION.)

Details- (Please state your complaint, including names, times, locations, witnesses and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like.) Attach additional sheets, if needed.

Date: _____ Signature: _____

DEPARTMENT USE ONLY

To be completed by the supervisor receiving this form.

ELBERT

Supervisor's name: **SHERIFF**



Sheriff Shayne Heap
Elbert County Sheriff's Office

751 Ute Avenue, P.O. Box 486
Kiowa, Colorado 80117

P: 303-621-2027 | W: www.elbertcountysheriff.com

Date and time received: _____

Divison: _____

Final disposition _____