MANITOU SPRINGS POLICE DEPARTMENT

606 MANITOU AVENUE
MANITOU SPRINGS, CO 80829
719-685-5407

CIVILIAN COMPLAINT FORM

Received By:_____Date:_____Time:_____

Complainant:_____Phone:_____

Address:_____

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Complaint:_____
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Officer:_____

I hereby state under penalty of perjury that everything written in this statement is true and correct. I understand that by signing this document I am affirming that the allegations I am making are true. I understand that by signing this document that any allegations that are found to be false on my behalf can and will be prosecuted under 18-8-111 False Reporting to Authorities; a class 3 Misdemeanor.

Complainant Signature: _____Date:_____

Witness/Officer: _____Date:_____