

## UNIVERSITY OF NORTHERN COLORADO POLICE DEPARTMENT COMPLAINT ACCEPTANCE REPORT

COMPLAINANT – NAME: UN		NKNOWN ()	С	COMPLAINANT – ADDRESS:							
COMPLAINANT PHONE # – PRIMARY:		COMPLAINANT I		PHONE # – ALTERNATE: COMPL		AINANT – EMAIL OR OTHER CONTACT INFO:					
WITNESSES:											
COMPLAINANT – DEMOGRAPHIC INFORMATION (OPTIONAL): GENDER: O FEMALE O MALE AGE/DOB:/											
ETHNICITY, NATIONAL ORIGIN OR PROTECTED CLASS STATUS: O ASIAN O BLACK O HISPANIC O MIDDLE EASTERN											
O NATIVE AMERICAN O PACIFIC ISLANDER O WHITE O OTHER – DESCRIBE:											
(FOR STATISTICAL PURPOSE	S ONLY)	E) (D) (A) (E) (E)									
EMPLOYEE NAME:		EMPLOYEE I	D #:	EMPLOYEE'S SUPERVISOR:		SUPERVISOR ID #: IN		CIDENT CASE #			
DATE OF INCIDENT:	TIME OF INCIDENT: LOCATIO			OF INCIDENT:			TOTAL PAGES:				
DETAILS OF THE COMI PAGES IF NEEDED)	PLAINT: BE SPECI	IFIC AND FULL	Y DES	SCRIBE THE ALLEGATION	NS AND/OR O	CONCERNS- (USE AD	DITION	AL SPPLEMENT			
COMPLAINANT'S ACKNOWLEDGEMENT:						DATE:					
BY SIGNING THIS DOCUMENT I ATTEST THAT THE INFORMATION REPORTED IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE SUBMITTED THE COMPLAINT OF MY OWN FREE WILL. I FULLY UNDERSTAND THAT FALSE REPORTING IS A CRIME.											
		THIS	SECT	TION FOR OFFICAL USE	ONLY:	_					
REPORT ACCEPTED BY:		REF	ORT	ACCEPTED – LOCATION:		DATE REPORTE	D:	TIME REPORTED:			

JUNE 2016

## UNIVERSITY OF NORTHERN COLORADO POLICE DEPARTMENT COMPLAINT ACCEPTANCE REPORT – SUPPLEMENT

EMPLOYEE NAME:	COMPLAINANT – NAME:	UNKNOWN	0	PAGE NUMBER:
DETAILS OF COMPLAINT CONTINUED:				
COMPLAINANT'S ACKNOWLEDGEMENT: _		DATE	:_	
BY SIGNING THIS DOCUMENT I ATTEST THAT THE INFO THAT I HAVE SUBMITTED THE COMPLAINT OF MY OWN				

JUNE 2016