

Colorado State University Police Department

This form can be emailed, hand-delivered, or
mailed to CSU Chief of Police at
Campus Delivery 6023
750 S Meridian Ave, Ft Collins, CO 80523-6023

I want to file a: Complaint Commendation **Interested in mediation?** Yes No

Information about you:

Last Name: _____ First Name: _____ Middle Initial: _____

Day Phone: (____) _____ - _____ Evening Phone: (____) _____ - _____

Email: _____ Best time for you to be contacted: _____

Date of Birth: ____/____/____ Gender: _____ Race: _____
MM DD YYYY

Address: _____

Street City State Zip

Are you represented by an attorney regarding this matter? Yes No

Their Name: _____ Phone Number: (____) _____ - _____

Are you filing on behalf of someone else? Yes No

Their Name: _____ Phone Number: (____) _____ - _____

Information about the incident:

Date: ____/____/____ Time: _____AM/PM

Address/Location: _____

Information about the Colorado State University Police Department Employee:

Name: _____

Name: _____

Information about a witness:

Name: _____ Phone Number: (____) _____ - _____

Address: _____

Briefly summarize what happened (attach additional pages or documents if needed):
