

POLICE DEPARTMENT

(970) 667-2151 | Fax (970) 962-2916 | TDD (970) 663-5144 www.cityofloveland.org

COMPLIMENT/COMPLAINT FORM

http://lovgov.org/PolicePSU | Professional Standards: 970-962-2680

Instructions: If you would like to compliment the Loveland Police Department or one of its employees, or file a complaint regarding the Department or a Department employee, please fill out this form or complete the process online at the above web address. Personal information will not be released to the public unless required by law. You may submit this form by mail or return it to the Loveland Police Department at the below address.

Filing a complaint will not necessarily change the outcome of any criminal case or citation you may be involved in. However, your concerns are important and may contribute to broader reviews or investigations. All complaints are taken seriously and help ensure accountability and transparency within our processes. **Knowingly making a false report to law enforcement is a crime.**

	Ple	ase write	legibly.							
formation about you:		Г		1						
LAST NAME		FIRST NAME		M.I.	DATE OF BIRTH			Check this box if you wish to remain anonymous		
STREET ADDRESS AND APT#		CITY		STATE	ZIP CODE					
PRIMARY/SECONDARY PHONES	EMAIL	EMAIL RACE SEX				SEX				
you are filling this out for someone el	se, please p	rovide the	ir information:							
LAST NAME		FIRST NAM	1 Ε	M.I.	DATE OF BIRTH				he/sh	k this box i ne wishes t
STREET ADDRESS AND APT#		CITY			ZIP CODE				remain anonymous	
PRIMARY/SECONDARY PHONES	EMAIL				RACE SEX			SEX	_	
formation about the incident:								ı		
NAME OR ID OF DEPARTMENT EMPLOYEE			NAME OR ID OF DEPARTMENT EMPLOYEE							
LOCATION OR ADDRESS OF INCIDENT			DATE OF INCIDENT TIME OF INCIDENT					CIDENT		
WITNESS LAST NAME			WITNESS FIRST NAME AGE					AGE		SEX
WITNESS ADDRESS			CITY			STATE PHONE				
ARE YOU AWARE OF ANY AUDIO OR VIDEO) RECORDING	Ες τηστ Μα	 V HAVE CAPTURI	D THE INC	IDENT? II	F SOL P	LFASE	DESCRIE	BF.	







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Describe the situa	tion in as much detail as possible:
I attest that the information provided on	this document is true and accurate to the best of my knowledge.
Signature:	Date:
Jigi iatai C.	Date.



