Crested Butte Marshal

Complaint Form

Please submit the completed form to the Town of Crested Butte Human Resources Department.
Email: enelson@crestedbutte-co.gov
Drop off: Town Hall, 507 Maroon Ave.
Or Mail: P.O. Box 39, Crested Butte, CO 81224

Date of incident: _____/_____/20___ Time:_____-_____ am / pm *to* Time:_____-_____ am / pm

Officer(s) involved: _____

☐ I choose to remain anonymous and not provide my name and other identifying information below. Anonymous complaints will be investigated to the extent possible with the information provided in the description and attachments.

☐ I choose to provide my identifying information below. The identity of the complainant will remain confidential except when necessary for the conduct of an investigation. For complaints, a response will be provided to the complaining party within 5 business days of receipt.

Your name: _____

Address: _____

Phone #: (_____)_____._____ Email:_____

Per Town policy and Colorado law (CRS 18-8-704, 18-8-706 or 18-8-707), officers are prohibited from intimidating, retaliating against or tampering with a witness or victim and retaliation against complainants will not be tolerated.

Description of the incident or event: (who, what, when, where, why, how, witnesses, other contacts)
Please attach additional pages or supporting documentation as needed to best describe the incident or event.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____