

Fort Collins Police Services

Employee Conduct Comment form

Employee's Name:	
(not required)	
Name:	DOB:
Address:	Phone:
	Cell:
Date/Time of incident:	Case #
Details of Incident (please be as specific as possible):	
(Use reverse side if more space is needed)	
Signed:D	ate:
Mail to: Fort Collins Police Services	

Mail to: Fort Collins Police Services

P.O. Box 580

Fort Collins, CO 80522

Fax: (970)-224-6088

E-mail: internalaffairs@fcgov.com



Details of Incident continued (please be as specific as possible):		
Signed:	Date:	