



360 Village Square Lane, Suite B • Castle Pines, CO 80108
303-705-0200 • castlepinesco.gov

Campaign Finance Complaint Form

You must specifically identify a violation of Colorado Constitution Article XXVIII or the Fair Campaign Practices Act arising out of a City campaign finance matter, and allege specific facts to support a legal and factual basis for the complaint. This form must be filed with the City Clerk.

ALL FIELDS ARE REQUIRED TO BE COMPLETED UNLESS OTHERWISE NOTED.

Your information – Information about the person or entity filing the complaint (“complainant”)

Full Name: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Complainant’s Attorney Information (if applicable)

Full Name: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Respondent’s Information – Information about the person or entity alleged to have committed the violation (“respondent”):

Full Name: _____

Mailing Address: _____

Telephone Number: _____ Email Address: _____

Please describe your complaint and identify the nature of the violation(s) below or attach a written complaint to this form. You must identify the date(s) of the alleged violation, if known, and the date on which you had knowledge of the alleged violation. Provide specific facts that support your complaint. You may submit evidence supporting your complaint.

By submitting this form and any supporting evidence, I hereby certify that I am aware of the procedure outlined in the City of Castle Pines Municipal Code Section 2-1-40, as may be amended.

Complainant's Signature: _____ Date: _____

FOR CITY USE ONLY:

Initial Complaint Received: _____ [insert date]

Complete Complaint Received: _____ [insert date]