



DISQUALIFYING INCIDENT NOTIFICATION FORM

January 6, 2020

Colorado Department of Law
Criminal Justice Section, POST Board
1300 Broadway 9th Floor
Denver, CO 80203
post@coag.gov
720-508-6721 FAX 866-858-7486

Please complete the following information for ANY peace officer with a disqualifying incident, as referenced in § 24-31-305 (1.5), C.R.S. Contact POST directly regarding questions about what constitutes a "disqualifying incident".

Peace Officer

Name: _____
Last First Middle

PID # (000000 or 0000-0000)

Peace Officer Contact Information

Complete information below for COLORADO offense(s), as applicable:

Sentencing Date Offense/Conviction Case # Jurisdiction

If known, please briefly describe the circumstances concerning the COLORADO criminal case(s).

Name and Title Date: _____

Agency