

Time stamp -- Do not write in this area

18 327558

DSD-COJL_GRIEVANCES
AUG 7 2025 08:51

DENVER SHERIFF DEPARTMENT INMATE GRIEVANCE FORM

(Formulario de queja)

NAME:
(Nombre)

CD#:

LOCATION:
(Ubicación)

21-D-4-L

DATE AND TIME OF INCIDENT:
(Fecha y hora del incidente)

08-06-2025

9:16am - 10:30am

STATEMENT DETAILING THE ACT OR CONDITION GIVING RISE TO THE GRIEVANCE
(Declaración detallando el acto o condición que da lugar a la queja)

Deputy [REDACTED]
And the rest of the FTO's ignored me for a whole hour while I was in distress. I asked for a sergeant and nobody paid me no mind because I wouldn't tell them my name. I don't know why that matters when I told them my bunk number. For my safety I didn't want to say my name out loud. This is the same way the man died on June 30th in the city jail. I listened to him ask for a sergeant then cry for help all night in his cell while being checked to death and deputies did nothing for him until he was dead. These deputies need better training. They didn't even want to give their badge #

SPECIFIC REMEDY SOUGHT:
(Remedio específico inquirido)

STAFF MEMBER ANSWER:
(Respuesta por un miembro del personal)

STAFF MEMBER ANSWERING
(Contestador miembro del personal)

BADGE # / CIVILIAN #
(Número de placa / Insignia / Número de empleado civil)

DATE OF RESPONSE
(Fecha de la respuesta)

(IF MORE SPACE IS REQUIRED, ADDITIONAL PAPER MAY BE USED)
(Si requiere más espacio, puede usar otra hoja adicional)

DATE SUBMITTED:
(Fecha de envío)

08-06-2025

INMATE'S SIGNATURE
(Firma del recluso)

[REDACTED SIGNATURE]

RECEIVED BY:
(Recibido por)

Print Name

Badge # / Civilian #

DATE RECEIVED:
(Fecha recibida)

ASSIGNED TO:
(Asignado a)

CAPTAIN [REDACTED]

STAFF PRSN

DATE:
(Fecha)

8/7/25