



## COLORADO Bureau of Investigation

Department of Public Safety  
Crime Information Management Unit  
690 Kipling Street, Suite 3000  
Denver, CO 80215  
(303) 239-4222

# Report of Alleged CCIC Misuse

The Colorado Bureau of Investigation (CBI) investigates allegations of misuse collaboratively with local law enforcement agencies. Depending on the severity, sustained cases of misuse of the Colorado Crime Information Center (CCIC) may result in temporary or permanent suspension of access, administrative action, and/or criminal charges against the system user.

Due to the nature of the sensitive investigative information within CCIC, specific details regarding CCIC use cannot be released to the public. However, the CBI will report whether a misuse case was sustained, and refer the reporting party to the user agency.

Name of Reporting Party: \_\_\_\_\_

Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

### INFORMATION ABOUT THE SUBJECT/VICTIM OF CCIC MISUSE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ License Plate: \_\_\_\_\_

In the space provided, please explain, in detail, why you believe CCIC was misused:

Who is the individual suspected of misusing CCIC?

What criminal justice agency employs the individual?

In what range of dates do you believe CCIC was misused?

What information do you believe was obtained?

Was the information shared with anyone else?

Do you have reason to believe crimes were committed using this information, to include threats, harassment, stalking, or other crimes? Explain below.

Has this already been reported to another law enforcement agency? (If yes, provide details.)

If you work for a law enforcement agency, please provide TID(s) and OSN(s) you believe were involved.

Do you have any additional details we should know?

I hereby attest, to the best of my knowledge and belief, the information provided in this CCIC Misuse Report to be truthful and accurate.

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*Signature*

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*Printed Name*

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*Date*

Please print this form and fax to the CBI Crime Information Management Unit at (303) 239-4661, or email to [cdps.cbi.ccic@state.co.us](mailto:cdps.cbi.ccic@state.co.us).