



Official Use ONLY: Date/Time Received: _____ Received by: _____ CPC #: _____ Assigned to: _____

Civilian Police Oversight Agency (CPOA) Albuquerque Police Department Complaint or Commendation Form

This form can be hand-delivered to the CPOA office located at the Plaza Del Sol Building, 600 2nd St. NW Room 813, Albuquerque, NM 87102
Fax: 505-924-3775
Email: cpoa@cabq.gov
Mail: CPOA, P.O. Box 1293
Albuquerque, NM 87103
TTY (800) 659-8331

Please complete as much information as possible below. The CPOA only accepts complaints and commendations for the Albuquerque Police Department. In order to make sure your accessibility needs are being met, such as sign language interpretation or help completing this form, please contact the CPOA at 505-924-3770.

I want to file a: Complaint Commendation Interested in Mediation? Yes No I need more Information

Information about you:

First: _____ Last: _____ Middle: _____
Home: () _____ - _____ Cell/Work () _____ - _____ Best time to Call? _____
Email: _____ Preferred Language: _____ Date of Birth: ____/____/____
Street: _____ Apt: _____
City: _____ State: _____ Zip Code: _____

Optional: This section is for statistical purposes only.

Gender: Male/ Female/ Other _____ Race/ Ethnicity: White/ Hispanic/ Native American/ African American/ Asian/ Other _____
Sexual Orientation: Heterosexual/ Homosexual/ Bisexual/ Other: _____
Do you have a Mental Illness? Yes No
Do you struggle with homelessness? Yes No

Information about the Incident:

Date: ____/____/____ Time: _____ AM / PM
Address/Location: _____
Street Apt. City State Zip Code

Information about the Albuquerque Police Department employee(s) involved:

Name: _____ Man/I.D. #: _____
Name: _____ Man/I.D. #: _____

Are you submitting this form for someone else? Yes No Did you witness this incident? Yes No

Name of the person you are submitting this form for: _____ Phone: () _____ - _____

Additional Witness:

Name: _____ Phone () _____ - _____
Address: _____
Street Apt. City State Zip Code

STATEMENT

Briefly summarize what happened (attach additional pages or documents if needed).

It is important to provide as much information as possible describing the incident in full detail including: location, date, time, officer/employee(s) involved, and witnesses.

If names are not known, please include a detailed description of the officer(s) involved.

What outcome are you seeking?

The information provided in this statement is true and factual to the best of my knowledge and will become public record once filed.

I understand I may be required to appear in the Civilian Police Oversight Agency office for an interview or to provide other investigative assistance, as necessary.

I understand that if I file a complaint, it is unlawful and against APD Policies for anyone to retaliate against me for the filing of this complaint.

Signature _____
Date

OFFICE USE ONLY: APD Personnel who receive misconduct complaints must notify a supervisor immediately. Supervisor shall submit complaint to Internal Affairs by the end of the shift following the shift in which the complaint was received.

APD Supervisor Signature: _____ Date: _____ Time Received: _____ AM / PM