

Official Use ONLY: Date/Time Received	Received by:	CPC #:	Assigned to:
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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 CPC the Albuquerque Police Department. In order to make sure your large and the complete sure a	our accessibility needs are being met, such as sign
I want to file a: □Complaint □Commendation Interested in	
Information about you:	Wediation: Tes and a meet more mornation
First: Last:	Middle:
Home: () Cell/Work ()	Best time to Call?
Email: Preferred Langu	uage: Date of Birth:/
Street:	
City: State:	
Optional: This section is for statistical purposes only.	
Gender: Male/ Female/ Other Race/ Ethnicity: White/ Hispanic/ Sexual Orientation: Heterosexual/ Homosexual/ Bisexual/ Other:	
Do you have a Mental Illness? \(\text{\ti}\text{\texi}\text{\text{\text{\text{\text{\texi{\text{\texi}\text{\text{\text{\texi}\text{\text{\text{\text{\texit{\texi{\texi{\text{\texi{\tex	
Do you struggle with homelessness? □Yes □No	
Information about the Incident:	
Date:/Time:AM / PM	
Address/Location:	City State Zip Code
Information about the Albuquerque Police Department empl	
Name:	Man/I.D. #:
Name:	Man/I.D. #:
Are you submitting this form for someone else? No	
Name of the person you are submitting this form for:	-
Additional Witness: Name:	Phone ()
Address:	
Street Ant City	State 7in 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: _____ AM / PM