

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

Albuquerque Police Department Complaint or Commendation Form



This form must be delivered to the CPOA office via the following ways:
Hand-Delivered: Plaza Del Sol Building, 600 2nd St. NW Room 813, Albuquerque, NM 87102
Office: 505-924-3770
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

What outcome are you seeking? (Please describe what happened on the back of this page)

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: _____

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

