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

CIVILIAN POLICE COMPLAINT FORM

For complaints against the Albuquerque Police Department

COMPLAINANT INFORMATION

Complaints may be submitted anonymously or on behalf of another person. If you do not give your name, it may be more difficult to fully investigate the case. If you file a complaint, it is unlawful and against APD Policies for anyone to retaliate against you for the filing of this complaint.

NAME	:				
	(FIRST)	(MID	DLE)	(LAST)	
ADDR	ESS:				
		(STR	EET NAME AND N	IUMBER)	
	(CITY)	(STA	TE)	(ZIP CC	DDE)
DATE	OF BIRTH:				
TELEP	PHONE: Home:			Cell/Work:	
EMAIL	.:				
Date an	nd Time of Incident: _				
Address	s where incident happ	ened:			
Names	and Badge Numbers	of Officer(s)	(if known):		
Would	you be interested in m	nediation to re	esolve this compl	aint? Yes □	No□
_	al: The DOJ and City for statistical purposes	-			Oversight Agency the information or and City Council.
GENDE	ER: Male □	Female \square	Transgender		
SEXUA	L ORIENTATION: He	terosexual	Homosexual \square	Bi-Sexual □	Asexual □
RACE:	African-American □ Caucasian □	Native Ameri Asian		Hispanic □ Other □	
Do you	suffer from Mental Illne	ess? Yes □	No □		
Do you	struggle with Homeless	ness? Yes □	No □		
Is Englis	sh your primary languag	ge? Yes □	No □		

This complaint form and any other documentation you provide will be forwarded to the Civilian Police Oversight Agency's Executive Director. The Executive Director and the CPOA staff will fully and independently investigate the Complaint. The Executive Director will present recommended findings to the Police Oversight Board. The Board will make findings and may propose discipline. It will then submit the completed investigation and findings to the Chief of Police for review and consideration for possible discipline.

STATEMENT

- It is important to provide as much information as possible
- Please describe the incident and the specific nature of your complaint as completely as possible.
- Include the names, addresses and phone numbers of any witnesses.
- Be as specific about the details, such as exactly what was said, time and dates of incident, the location of the incident, the APD officers/employees involved, if known.
- If officer(s)'s names are not known, please include detailed descriptions of officers.

• Attach additional sheets, and include any other relevant items (photos, witness statements, etc.)
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The information provided in this statement is true and factual to the best of my knowledge. I understand may be required to appear in the Civilian Police Oversight Agency Office for an interview or to provide other investigative assistance, as necessary.
Complainant's Signature/Date

Questions? Civilian Police Oversight Agency (CPOA) Telephone (505) 924-3770; Website: www.cabq.gov/CPOA

Mail your complaint to:

Civilian Police Oversight Agency (CPOA), City of ABQ, P.O. Box 1293, Albuquerque, NM 87103 -or-

Hand deliver to: CPOA at 600 2nd ST. NW, Room 813, Albuquerque, NM 87102 -or- Any APD Substation -or- APD Internal Affairs Division, City Hall, One Civic Plaza