

From: webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov
Sent: Sunday, April 02, 2017 11:00 AM
To: Civilian Police Oversight Agency
Cc: Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam
Subject: ABQ Police Complaint or Commendation Form Submission

I Want to File A:
 Commendation
Interested in Mediation?
 No
First Name

Last Name

Middle Name
Home Telephone
Cell or Work Telephone
Best Time to Call
Your E-Mail Address
Preferred Language
Date of Birth
Street Address
City
 Alb
State
ZIP Code
Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident
Address or Location of the Incident
 Starbucks on Wyoming
Police Employee #1 - Name
Police Employee #1 - ID or Badge Number
Police Employee #2 - Name
Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

Statement

My car was stolen at the Wyoming and Paseo Starbucks and revovetex within an hour and a half. I want to complement the personnel on the phone and the police officers that found my car. They used my location info from my iPad that was in the car to find it and drive to to pick it up. Everybody was curious and efficient and effective. I am on the chamber of commerce board and will relate this very positive experience to the business community. Thank you all!

What Outcome are you Seeking?

None

Electronic Signature

JWDO91-17



Official Use ONLY: Date/Time Received: 04-05-17 03:55 RCVD Received by: _____ CPC #: JWD092-17 Assigned to: CPOA

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 (505) _____ Best time to Call? after 8:00 AM
Email: _____ Preferred Language: English Date of Birth: _____
Street: _____ Apt: _____
City: ABQ State: NM Zip Code: _____

Optional: This section is for statistical purposes only.

Gender: _____ Race/Ethnicity: _____
Sexual Orientation: _____
Do you have a Mental Illness? _____
Do you struggle with homelessness? _____

Information about the Incident:

Date: 3/29/17 Time: Approx 9:15 AM PM
Address/Location: Support parking garage
Street Apt. City State Zip Code

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

Name: Martin Cordova Man/I.D. #: 3881
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: n/a his colleagues Phone () _____
Address: _____
Street Apt. City State Zip Code

STATEMENT

JWDO92-17

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.

I locked my key, luggage in the truck. Officer Cordova (and colleagues) responded in timely manner. Officer Cordova took the lead in helping me unlock the vehicle allowing me to board my flight for work. I greatly appreciate his attention to detail + focus as he assisted me.

What outcome are you seeking?

Recognition to the officers for job well done.

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

4/2/2017
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

From: webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov
Sent: Thursday, April 13, 2017 4:24 PM
To: Civilian Police Oversight Agency
Cc: Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam
Subject: ABQ Police Complaint or Commendation Form Submission

I Want to File A:
Commendation
Interested in Mediation?
No
First Name

Last Name

Middle Name
Home Telephone

Cell or Work Telephone
Best Time to Call
Your E-Mail Address
Preferred Language
English
Date of Birth

Street Address
City
State
ZIP Code
87123

Gender

Race

Ethnicity

Sexual Orientation
Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident
Address or Location of the Incident
Police Employee #1 - Name
Matt fisher
Police Employee #1 - ID or Badge Number

Police Employee #2 - Name

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Additional Witness

Statement

Ive been working with apd officers while doing security at the _____ and they were all very helpful and responded very quickly and officer matt fisher is awesome ive seen him interact with the public including children more officers should be that way i dont do security anymore now ive been working with other law enforcement agencies as well as your officers thank you

What Outcome are you Seeking?

Just giving thanks

Electronic Signature

JWD093-17

From: webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov
Sent: Thursday, April 20, 2017 10:03 AM
To: Civilian Police Oversight Agency
Cc: Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam
Subject: ABQ Police Complaint or Commendation Form Submission

I Want to File A:
 Commendation
Interested in Mediation?
 No

First Name

Last Name

Middle Name
Home Telephone
Cell or Work Telephone

Best Time to Call
Your E-Mail Address

Preferred Language
 English

Date of Birth

Street Address
City
State
ZIP Code
Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident
Address or Location of the Incident
 Northwest Command Center
Police Employee #1 - Name

Sgt Dennis Tafoya

Police Employee #1 - ID or Badge Number

Police Employee #2 - Name

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

Statement

I wanted to say thank you to Sgt. Dennis Tafoya who called me after a possession of mine was recovered following an auto burglary. When I went to pick it up, he was very friendly and warm. He was also very helpful, providing me the additional information for questions I had and for finding the contact info for the sergeant who would be handling me case. His extra effort was very appreciated and it made my bad situation a little bit less terrible. :) Thank you Sgt. Tafoya!

What Outcome are you Seeking?

Please let the officer know about my thank you. :)

Electronic Signature

JWD094-17

Contreras, Michelle

JWD 095-17

From: webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov
Sent: Thursday, April 20, 2017 10:52 AM
To: Civilian Police Oversight Agency
Cc: Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam
Subject: ABQ Police Complaint or Commendation Form Submission

I Want to File A:
Commendation

Interested in Mediation?

No

First Name

Last Name

Middle Name

Home Telephone
Cell or Work Telephone

Best Time to Call
Your E-Mail Address

Preferred Language
Date of Birth

Street Address

City

State

ZIP Code

Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident

Apr 20, 2017 11:45 AM

Address or Location of the Incident

Called the incident report hotline

Police Employee #1 - Name

Amanda

Police Employee #1 - ID or Badge Number

6273

Police Employee #2 - Name

Police Employee #2 - ID or Badge Number

Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

Statement

I called the incident report hotline to edit my police report to include additional stolen items. I left a long detailed message and was called back with 30 minutes by Amanda. She had transcribed my message and worked with me to get additional details. She was wonderfully patient, friendly, and very thorough. She helped me understand my next steps and provided me with the contact info I needed. She helped make my auto burglary process a little less terrible. Thanks Amanda!

What Outcome are you Seeking?

More money for Amanda! Or let her know she's doing an awesome job. Ideally both.

Electronic Signature

JWD095-17

Commendation for
Police Records Technician
Amanda Goncalves

From: webmaster=cabq.gov@mailgun.org on behalf of webmaster@cabq.gov
Sent: Wednesday, April 26, 2017 2:58 PM
To: Civilian Police Oversight Agency
Cc: Harness, Edward; Bustos, Amanda; Contreras, Michelle; Verploegh, Miriam
Subject: ABQ Police Complaint or Commendation Form Submission

I Want to File A:
 Commendation
 Interested in Mediation?
 I need more information.

First Name

Last Name

Middle Name
 Home Telephone
 Cell or Work Telephone

Best Time to Call
 9-5:30

Your E-Mail Address

Preferred Language
 Date of Birth

Street Address
 City
 State
 ZIP Code
 Gender

Race

Ethnicity

Sexual Orientation

Do You Have a Mental Illness?

Do You Struggle with Homelessness?

Were you homeless at the time of this incident?

Date & Time of the Incident
 Address or Location of the Incident
 Police Employee #1 - Name
 Police Employee #1 - ID or Badge Number

Police Employee #2 - Name
Police Employee #2 - ID or Badge Number
Are You Submitting this Form for Someone Else?

No

Submitting for Someone Else - if "Yes"

Did You Witness this Incident?

Yes

Additional Witness

Statement

I want to commend APD and its leaders for the decision to post on its Facebook not opinions, but facts about the Judges that not just put our city in danger, but our families and police force at risk by not prosecuting violent repeat felons that are not suspected of violent crimes, but guilty of violent crimes. Our neighborhood in the area of Dietz Farms which is half Los Ranchos and half Albuquerque has had multiple robberies, stolen cars staking out homes, and in the last month two break-ins while families are home. We had a community meeting with Cmdr. Broderick Sharp with the Sheriff's Dept. He listened to the community at a mtg at the sub-station and exceeded everyones expectations by responding to the community (most of those located in Los Ranchos area of Dietz Farms), I will inform our group of the public forum to comment on what many see as one of the core problems (Judges not doing their job) and encourage the part of Dietz Farms to contact APD for a similar meeting, but main point is the public MUST do its part to keep our community safe, and providing a public forum to share facts and the status of rulings by Judges to allow KNOWN multip felons to repeatedly threaten our community, law enforcement and families. Thank you. Todd Mittleman

JWD096-17

What Outcome are you Seeking?

I will speak with the part of the community along Rio Grande and in the Dietz Farms area to see if they want a similar neighborhood discussion to the one we did with the Sheriff. If there is interest, I will contact you.

Electronic Signature

members JWD 09/17/17 CPOA

(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 [X] Commendation [] Interested in Mediation? [] Yes [X] No [] I need more Information

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

JUST TO LET OFFICER MR BRIAN JOHNSON AP.D. MAN # 5438 THAT HE'S DOING AN EXCELLENT JOB FOR THE CITY OF ALBUQ.

Information about you:

First: _____ Last: _____ Middle: _____

Home: (505) _____ Cell/Work () SAME Best time to Call? ANY

Email _____ Preferred Language: ENGLISH Date of Birth _____

Street: _____ Apt: _____

City: ALBUQ State: NM Zip Code: 87108

Information about the incident:

Date: 2/17/17 Time: 1900 HRS AND ALBUQ NM 87108

Address/Location: 301 SAN MATEO SE, WAL-MART-ALBUQ N.M. 87108

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

Name: MR, BRIAN JOHNSON Man/I.D.# 5438

Name: -A.P.D.- Man/I.D.#: _____

Are you submitting this form for someone else? [] Yes [X] No

Did you witness this incident? [X] Yes [] No

Name of the person you are submitting this form for: SELF Phone: () N/A

Additional Witness:

Name: NONE Phone () N/A

Address: N/A

SWING SHIFT-DUTY

STATEMENT

800 LOUISIANA SE, ALBUQ
(505) 256-2050

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.

(ISSUE #1) MY BACK-PACK GOT STOLEN AT WAL-MART ON FEBRUARY 17TH 2017 AT 1900 HRS. OFFICER BRIAN JOHNSON, MAN #5438, HANDLED THE SITUATION IN A VERY PROFESSIONAL MANNER. CASE# _____ -INCIDENT# _____

(ISSUE #2) I HAD A KNIFE PULLED ON ME AT MY APARTMENT ON 3-27-17 AT 1920 HRS. CASE# _____ -INCIDENT# _____ I CALLED 911 - OFFICER BRIAN JOHNSON ARRIVED ON THE SCENE AND "AGAIN" HANDLED THE SITUATION IN A VERY PROFESSIONAL MANNER. I WOULD LIKE TO "THANK" HIM FOR HELP AND SERVICE WITH THE ALBUQ POLICE DEPT. Sincerely,

Optional: The Department of Justice and the Civilian Police Oversight Agency are requesting this information for statistical purposes. It is optional to answer these demographic questions. We value your participation; please help our Agency track any biases or trends within the Albuquerque Police Department.

Do you speak and understand English?
Sex/Gender Expressed
Sexual Orientation
Race:
Do you have a Mental Illness?
Do you struggle with homelessness? :

Ethnicity: Hispanic/ Non-Hispanic

Were you homeless at the time of the incident? :

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 4-27-17

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

DWD097-17

04-27-17P01:18 RCVD

Received by: Montreiras

JWD 098-11

Assigned to: CPOA

Official Use ONLY: Date/Time Received: _____

Received by: _____

Assigned to: _____

Albuquerque Police Department ~~Complaint~~ (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 ~~Complaint~~ ~~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)
JUST TO LET OFFICER MR BRIAN JOHNSON
APD, MAN # 5438 THAT HE'S DOING AN
EXCELLENT JOB FOR THE CITY OF ALBUQ.

Information about you:

First: _____ Last: _____ Middle: R
Home: 505 Cell/Work: SAME Best time to Call? ANY
Email: _____ Preferred Language: ENGLISH Date of Birth: _____

Street: _____ Apt: _____
City: ALBUQ State: NM Zip Code: 87108 DOI 3-21-17

Information about the Incident:

Date: 2/17/17 Time: 1900 HRS AND ALBUQ NM 87108
AM PM
Address/Location: 301 SAN MATEO SE, WAL-MART - ALBUQ N.M.
Street Apt. City State Zip Code 87108

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

Name: MR, BRIAN JOHNSON Man/I.D. # 5438
Name: -A.P.D.- 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: SELF Phone: () N/A

Additional Witness:
Name: NONE Phone () N/A
Address: N/A
Street Apt. City State Zip Code

SWING SHIFT-DUTY

STATEMENT 800 LOUISIANA SE, ALBUQ.
(505) 256-2050

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.

(ISSUE #1) MY BACK-PACK GOT STOLEN AT WAL-MART ON FEBRUARY 17TH 2017 AT 1900 HRS. OFFICER BRIAN JOHNSON, MAN #5438, HANDLED THE SITUATION IN A VERY PROFESSIONAL MANNER. CASE# _____ -INCIDENT# _____

(ISSUE #2) I HAD A KNIFE PULLED ON ME AT MY APARTMENT ON 3-21-17 AT 1920 HRS. CASE# _____ -INCIDENT# _____
I CALLED 911 - OFFICER BRIAN JOHNSON ARRIVED ON THE SCENE AND "AGAIN" HANDLED THE SITUATION IN A VERY PROFESSIONAL MANNER. I WOULD LIKE TO "THANK" HIM FOR HELP AND SERVICE WITH THE ALBUQ POLICE DEPT. Sincerely, Daniel R. Moriarty

Optional: The Department of Justice and the Civilian Police Oversight Agency are requesting this information for statistical purposes. It is optional to answer these demographic questions. We value your participation; please help our Agency track any biases or trends within the Albuquerque Police Department.

Do you speak and understand English?
Sex/Gender Expressed
Sexual Orientation
Race:
Do you have a Mental Illness?
Do you struggle with homelessness?

Hispanic

Were you homeless at the time of the incident?

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 4-27-17

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

DWD098-17