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APD Complaint or Commendation Form

Submit this form to the CPOA Office by any of the methods below:

Mail: P.O. Box 1293, Albuquerque, NM 87103

Office: (505) 924-3770

Hand Delivery: 501 Tijeras Ave NW, Ste 2E, ABQ, NM 87102

TTY: (800) 659-8331

Email: cpoa@cabq.gov

Web: www.cabq.gov/cpoa

Alternative: Forms may also be hand-delivered to any APD Facility.

I want to file a: ☐ Complaint ☐ Commendation

The CPOA accepts complaints and commendations regarding APD employees only. You may submit this form anonymously or without contact information; however, without a way to reach you, our ability to fully investigate may be limited. Providing contact information gives the CPOA the best opportunity to conduct a thorough investigation.

** In accordance with the City's Oversight Ordinance, mediation should be the first consideration in the complaint resolution process. Mediation eligibility is determined by established guidelines and is subject to the discretion of the CPOA Executive Director.*

** To meet any accessibility needs, such as language translation or interpretation, or help completing this form, please contact the CPOA.*

YOUR ROLE IN THE INCIDENT

- ☐ I was directly involved ☐ I was present at the incident and witnessed it, but was not directly involved
☐ I am submitting this form for someone else involved in an incident

Name of person you are submitting for: _____ Phone: _____

INFORMATION ABOUT YOU

First: _____ Last: _____ Middle: _____

Home / Cell: _____ Work: _____

Email: _____ Preferred Language: _____

Date of Birth: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

ADDITIONAL WITNESSES

** Please only list witnesses who are not affiliated with APD. Witnesses should be limited to individuals with firsthand knowledge or relevant information about the incident.*

Name: _____ Phone: _____

Name: _____ Phone: _____

APD EMPLOYEE(S) INVOLVED

** Please list only the APD employee(s) directly involved or interacted with during the incident. APD employees who were witnesses do not need to be listed here.*

Name: _____ I.D. or Badge #: _____

Name: _____ I.D. or Badge #: _____

INFORMATION ABOUT THE INCIDENTDate: _____ Time: _____ ☐ AM ☐ PMAddress / Location of Incident: _____
Street Apt. City State Zip Code**STATEMENT****Describe what happened:**

** Please describe the events of the incident, keeping your account focused on the specific details of what occurred. If names are not known, include a detailed description of the APD employee(s) involved. If you have a CAD or report number, include it here. The investigation is best supported by your cooperation and participation. Without it, our investigation will be based solely on the information provided here. You may attach additional pages or documents if needed.*

What outcome are you seeking?

** As an administrative oversight agency operating within APD's and the City's disciplinary system, the CPOA cannot compel APD to reopen criminal cases, alter enforcement actions, change judicial or procedural outcomes, or expedite case handling.*

FOR STATISTICAL PURPOSES ONLY

The CPOA is committed to ensuring everyone receives equal and fair treatment during interactions with the APD. The following demographic information offers valuable insight into emerging trends.

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to Answer**Sexual Orientation:** ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Asexual ☐ Other
☐ Prefer not to Answer**Race:** ☐ American Indian and Alaska Native ☐ Asian ☐ Black or African American ☐ Mixed Race
☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other
☐ Prefer not to Answer**Ethnicity:** ☐ Hispanic ☐ Non-Hispanic ☐ Prefer not to Answer**Were you experiencing any mental health issues at the time of the incident?** ☐ Yes ☐ No
☐ Prefer not to Answer**Were you unhoused at the time of the incident?** ☐ Yes ☐ No ☐ Prefer not to Answer**If you wish to submit this form anonymously, please write "ANONYMOUS" on the signature line.**

I acknowledge that 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 that APD personnel are prohibited from retaliating against any person for filing a complaint. If I believe I have experienced retaliation for filing a complaint, I will contact the CPOA immediately.

I understand that if the complaint is referred to mediation, the process begins upon the mediator's acceptance.

Signature: _____ Date: _____

OFFICIAL USE ONLY: Date/Time Received: _____ Received by: _____

OFFICE USE ONLY: APD personnel who receive misconduct complaints must notify a supervisor immediately. The supervisor shall submit complaints in accordance with established policy.

APD Supervisor Signature: _____ Date: _____