

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 (APD). You may file this form anonymously; however, keep in mind that an anonymous complaint is extremely difficult to investigate.

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

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.

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? Yes No

Sex/Gender Expressed: Male/ Female/ Transgender/ Other: _____

Sexual Orientation: Heterosexual/ Homosexual/ Bisexual/ Asexual/ Other

Race: Asian/Black/Mixed Race/ Native American/ Pacific Islander/White/ Other

Ethnicity: Hispanic/ Non-Hispanic

Do you have a Mental Illness? Yes No

Do you struggle with homelessness? Yes No

Were you homeless at the time of the incident? Yes No

If you wish to submit this form anonymously, please type "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 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: _____ Date: _____ Time Received: _____ AM / PM