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

		. (555) 555	0001						
Please complete as much inf	ormation as possil	ole below. Th	e CPOA only a	accepts complaints an	ıd				
commendations for the Albu	iquerque Police De	epartment (A	PD). <u>You may</u>	file this form anonym	nously;				
however, keep in mind that	an anonymous cor	nplaint is ext	remely difficu	ılt 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 i	n Mediation?	□Yes □No □ I need m	ore Information				
What outcome are you seek	ing? (Please descri	be what hap	pened on the	back of this page)					
Information about you: First:	Last:		N	/liddle:					
Home: ()	Cell/Work	()		Best time to Call?					
Email:	P	referred Lang	guage:	Date of Birth:					
Street:				Apt:					
City:		State: _		Zip Code:					
Information about the Incide Date:		AM / PM							
Address/Location:		Apt.	City	State	Zip Code				
Information about the Albud Name:									
Name:									
			Man/I.D. #: _						
Are you submitting this form		? □Yes □No)						
Did you witness this incident									
Name of the person you are	submitting this form	m for:		Phone: (
Additional Witness: Name:									
			Ph	none ()					
Address:									
Street	A	pt. Ci	ty	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						