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: __________________________________________

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: ____________________

________________________________________________________________________________
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

Revised 11-10-2016 by CPOA