

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)

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### 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

