Official Use ONLY: Date/	Time Received:	Received by:	CPC #:	Assigned to:
Official OSC ONLI. Date/	Tille Neceiveu.	Neceived by.	Cr C #.	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

		Y (800) 659				
Please complete as much information the Albuquerque Police Depa language interpretation or help	rtment. In order to	make sure	your acces	sibility needs a	re being met,	
I want to file a: □Complaint	□Commendation	Interested	in Mediati	ion? □Yes □No	□ I need moi	e Information
What outcome are you seek	ing? (Please descri	be what hap	pened on	the back of th	is page)	
Information about you: First:	Last:			Middle:		_
Home: ()						
Email:	P	referred Lar	nguage:	Date o	of Birth:	//_
Street:					Apt:	
City:		State:		Zip Cod	e:	_
Information about the Incide Date:		AM / PM				
Address/Location:			-			
Information about the Albud	querque Police Dep	artment en	ployee(s)	involved:		Zip Code
Name:	Man/l.D. #: Man/l.D. #:					
Are you submitting this form	n for someone else					
Did you witness this incident				Dl	, ,	
Name of the person you are	submitting this forr	n for:		Phone	o: ()	-
Additional Witness: Name:				Phone ()		
Address:						
Street	A	ot.	City	Sta	te	Zip Code

STATEMENT

Briefly summarize what happened (attach additional pages or documents if needed).

It is important to provide as much information as poss- location, date, time, officer/employee(s) involved, and	
If names are not known, please include a detailed des	cription of the officer(s) involved.
	
	
	Police Oversight Agency are requesting this information for
statistical purposes. It is optional to answer these demogration our Agency track any biases or trends within the Albuqu	raphic questions. We value your participation; please help
	retque I once Department.
Do you speak and understand English? □Yes □No	
Sex/Gender Expressed: Male/ Female/ Transgender/ Other:	
Sexual Orientation: Heterosexual/ Homosexual/ Bisexual/ Asexual	
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
The information provided in this statement is true and facturecord once filed. I understand I may be required to appear in the Civilian Policother investigative assistance, as necessary. I understand that if I file a complaint, it is unlawful and again filing of this complaint.	ce Oversight Agency office for an interview or to provide
Signature	Date
OFFICE USE ONLY: APD Personnel who receive misconduct complaint to Internal Affairs by the end of the shift following the s	aints must notify a supervisor immediately. Supervisor shall submit shift in which the complaint was received.

APD Supervisor Signature: _____ Date: ____ Time Received: ____ AM / PM