

## COMPLAINT FORM INSTRUCTIONS

Please fill out all of Part I of the form and use Part II of the form to give a narrative statement pertaining to your complaint so that we may begin an investigation. You may attach additional pages to Part II of the form if necessary. You must sign both Part I and Part II of the form in order for your complaint to be processed. These signatures must be notarized. Once the form has been completed, you may return it in person to 401 Roma Suite #607 NW, Albuquerque, New Mexico, or you may mail the form back to us. If you choose to mail the form, please send it to the below listed address:

Bernalillo County Sheriff's Department  
Attn: Internal Affairs Unit  
P. O. Box 25927  
Albuquerque, New Mexico 87125-5927

Once your complaint is received, it will be assigned for investigation. Upon the completion of that investigation, you will be notified by mail of the outcome of that investigation.

If you have received medical attention as a result of your complaint please complete the attached medical release form.

You have 90 days from the date of the incident to file a complaint.

If we may be of further assistance, please do not hesitate to contact us at (505) 468-1394.

**BERNALILLO COUNTY SHERIFF'S DEPARTMENT  
CITIZENS COMPLAINT**

**FIELD FORM  
Part I**

Date of Complaint \_\_\_\_/\_\_\_\_/\_\_\_\_

Complainant's Name \_\_\_\_\_ SSN# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Complainant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # ( ) \_\_\_\_\_ Work # ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Accused Deputy(s) \_\_\_\_\_

Nature of Complaint \_\_\_\_\_

Date of Occurrence \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Witness Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Witness Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Witness Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

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**Complaint Codes:** \_\_\_\_\_

- |                     |                             |                     |
|---------------------|-----------------------------|---------------------|
| (1) Excessive Force | (2) Rudeness / Discourteous | (3) Failure to Act  |
| (4) Speeding        | (5) Misconduct              | (6) Other (Specify) |

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**I HEREBY SWEAR AND AFFIRM UNDER PENALTY OF LAW THAT ALL OF THE STATEMENTS I PROVIDE TO MEMBERS OF THE BERNALILLO COUNTY SHERIFF'S DEPARTMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Notary Public**

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
My commission expires: \_\_\_\_\_

**BERNALILLO COUNTY SHERIFF'S DEPARTMENT  
CITIZENS COMPLAINT  
FIELD FORM  
Part II**

Complainant's Name \_\_\_\_\_ Date \_\_\_\_\_

**Statement of Facts**

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(Additional Pages May Be attached)

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**Complainant's Signature**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
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