SANTA FE POLICE DEPARTMENT
PROFESSIONAL STANDARDS DIVISION
INTERNAL AFFAIRS UNIT

FORMAL COMPLAINT FORM

Today’s Date: ________________ Time: ______________

COMPLAINANT INFORMATION:
Name: ___________________________________________________________
Date of Birth: ____________________ Age: ____________________
Address: __________________________________________________________
Phone Number: ____________________

Home Work Cell

NOTE: If you are reporting this complaint on behalf of another, please explain your relationship on page 2.

WITNESS INFORMATION:
Name: ____________________
Address: __________________________________________________________
Phone Number: ____________________

Name: ____________________
Address: __________________________________________________________
Phone Number: ____________________

INCIDENT INFORMATION:
Date of incident: ____________________ Time of incident: ____________________
Location of incident: __________________________________________________________

I am registering a formal complaint against: ____________________ (Name of Involved Employee)

NOTE: If the identity of the employee(s) you are complaining about is unknown, please provide a detailed description of him/her (i.e., gender, race, height, weight, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

A recording (audio or video) of this incident exists: YES____ NO ____

Note: If yes, please identify who is in possession of the recording: ____________________
Please explain the reason you are filing this complaint. Explain in detail the alleged misconduct/action of the employee(s) and include the identity and contact information (address, phone number) of any witnesses that were not identified on page one of this complaint form. If additional space is required, please attach a separate sheet.

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To the best of my knowledge, the information provided in this complaint is true and factual. I understand that I may be contacted by a representative from the Santa Fe Police Department in order to provide additional information during the investigation of my complaint.

Signature of complainant: ________________________________

Employee accepting complaint: ________________________________