

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. Once the form has been completed, you may return it in person to 401 Roma Lower Level next to LL09 NE, 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 180 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 # _____

Complaint Codes: _____

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

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

