



Effective: 11/01/2016  
 CALEA Standard(s)--

Revised:

FORM 4-26-A

UNIVERSITY OF NEW MEXICO-VALENCIA CAMPUS  
 POLICE DEPARTMENT  
 CITIZEN COMPLAINT FORM

INSTRUCTIONS

This form should only be completed if you wish to initiate a complaint against the Department or an employee(s). Written complaints must be filed within ninety calendar days of the incident to be accepted. If you would rather attempt to resolve this issue with the employee's supervisor, you may contact the employee's supervisor directly. For assistance, please contact the UNM-VCPD at (505) 925-8570 during business hours.

IF YOU DECIDE TO FILE A COMPLAINT

Please complete the complainant information and statement portions below. Once the form is completed and signed it may be delivered or mailed to the UNM-VCPD at 280 La Entrada Rd. Los Lunas, NM 87130.

COMPLAINANT INFORMATION

NAME: \_\_\_\_\_  
                             (First)                            (Middle)                            (Last)

ADDRESS: \_\_\_\_\_  
   (Street Name and Number)

\_\_\_\_\_  
                             (City)  (State)  (Zip Code)

TELEPHONE: Home \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Location where incident happened \_\_\_\_\_

NOTE: This complaint form along with other necessary documentation will be forwarded to the Police Supervisor for evaluation and investigative direction. You will be notified by certified mail, at your above listed address, of the final disciplinary findings (normally within 60 days after the complaint has been filed.)



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**STATEMENT**

Please describe both the incident and the specific nature of your complaint as completely as possible. Be sure to give the names, addresses and phone numbers of any witnesses of which you are aware. Be as specific as possible about the details such as exactly what was said, time and dates of incident. Identify the exact location of the incident, identification of the officers involved, if known. If officer's names are not known, please include detailed descriptions of officers. Be specific, it is important to provide as much information as possible. Attach additional sheets if necessary. Please feel free to include any other relevant information or items (pictures, witness statements, etc.)

Lined area for writing the statement.



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**WITNESSES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(If more, please list on a separate sheet.)

Names of officers you are complaining about: \_\_\_\_\_  
 \_\_\_\_\_

Would you be interested in mediation to resolve this complaint?  
 \_\_\_\_\_

**End of Statement**

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be required to appear for further interview or to provide other investigative assistance as necessary.

Complainant's Signature: \_\_\_\_\_

Complainant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_