



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.

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: _____