



**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: _____

