Las Cruces Police Department

217 E. Picacho Ave Las Cruces, NM 88001 P.O. Box 20000 Las Cruces, NM 88004

Citizen Complaint Form

Please Type or Print

Name:		DOB:
Physical Address:		
Mailing Address:	TOFF LEER RE	
Home Phone:	Mobile Phone:	Work Phone:
Name:		DOB:
Physical Address:	AU OL	
Mailing Address:	CR.	
Home Phone:	Mobile Phone:	Work Phone:
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Citizen Complaint Form

TYPE OF COMPLAINT:			
☐ Arrested without Cause	☐ Discourtesy/Rudeness ☐	Search & Seizure	
☐ Property Mishandling ☐	Unsafe Vehicle Operation	Excessive Force	
☐ Improper Conduct ☐ Fa	ailure to Act 🗌 No Report F	iled	
☐ Other:	AND THE PARTY OF T		
Are you filing this Complain	t for another person? 🔲 Y	es 🗌 No	
If Yes:	PROPE CRIES		
Name of Person:	VIN NO.		
Address of Person:	The Value of the Control of the Cont		
Telephone #:	ART CONTRACTOR	100	
	Valvás III		
INCIDENT INFORMATION	The second of the Control of the Con		
Date of Incident:	Time of Incident:	LCPD Case #:	
		The second second	
Location of Incident:			
LCPD EMPLOYEE INFORMATION Name of Employee:	RMATION: (Please list addition	nal Employees on Pg 4)	
Badge Number:	Unit Number:	Unit License Plate:	<u> </u>
Description of Employee:	erving	W Mexico	
0.5	Since		
WITNESS INFORMATION	u. a.1928	THE PART OF THE PA	
WITNESS INFORMATION Name:	1. (Please list additional witness	es on Pg 4) DOB:	
Name.		505.	
Physical Address:		30	
Mailing Address:	V	<u> </u>	
Home Phone:	Mobile Phone:	Work Phone:	
Name:	MAINTING	DOB:	
Physical Address:	And	10	
Mailing Address:			

Citizen Complaint Form

Please Type or Print

DESCRIBE WHAT HAPPENED:				
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(attach additional pages if necessary)

COMPLETED COMPLAINT FORMS MAY BE RETURNED TO THE LAS CRUCES POLICE DEPARTMENT OR MAILED TO:

LAS CRUCES POLICE DEPARTMENT

PROFESSIONAL STANDARDS UNIT

P.O. BOX 20000

LAS CRUCES, NM 88004

Citizen Complaint Form

ADDITIONAL LCPD EMPLOYEES:

Name of Employee:			
adge Number: Unit Number:		Unit License Plate:	
Description of Employee:	Inton		
	خ المالات		
Name of Employee:			
Badge Number:	Unit Number:	Unit License Plate:	
Description of Employee:			
ADDITIONAL WITNE	SS INFORMATION:		
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Physical Address:	CRUOSES CRUOSES	ŠŸ.	
Mailing Address:	View D		
Home Phone:	Mobile Phone:	Work Phone:	
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Home Phone:	Mobile Phone:	Work Phone:	
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