

# 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

### CITIZEN FILING COMPLAINT:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

### I HEREBY STATE:

1. I HAVE READ THE ATTACHED STATEMENT FOR ACCURACY IN ITS ENTIRETY AND HAVE BEEN GIVEN THE OPPORTUNITY TO MAKE CORRECTIONS AND AMEND THIS STATEMENT.
2. I UNDERSTAND I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AND PROVIDE A FORMAL STATEMENT TO THE PROFESSIONAL STANDARDS UNIT OF THE LAS CRUCES POLICE DEPARTMENT.
3. UNDER PENALTIES AS PROVIDED BY LAW PURSUANT TO SECTION 30-39-1 NMSA 1978, FALSE REPORTING, I CERTIFY THAT THE ALLEGATIONS SET FORTH IN THIS COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I KNOWINGLY MAKE FALSE ACCUSATIONS, I MAY BE SUBJECT TO A CRIMINAL PROSECUTION OR CIVIL PENALTIES.

Print/Type Complainant Name:	Complainant Signature:
Print/Type Parent/Guardian Name: (If Complainant is Minor)	Parent/Guardian Signature: (If Complainant is Minor)
Date:	Time:

Employee Receiving Complaint:	Employee Signature:
Date:	Time:

How Received:  In Person  Phone  Email  Letter  Fax  Anonymously

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**TYPE OF COMPLAINT:**

- Arrested without Cause   
  Discourtesy/Rudeness   
  Search & Seizure  
 Property Mishandling   
  Unsafe Vehicle Operation   
  Excessive Force  
 Improper Conduct   
  Failure to Act   
  No Report Filed  
 Other: \_\_\_\_\_

Are you filing this Complaint for another person?     Yes     No

**If Yes:**

Name of Person:
Address of Person:
Telephone #:

**INCIDENT INFORMATION:**

Date of Incident:	Time of Incident:	LCPD Case #:
Location of Incident:		

**LCPD EMPLOYEE INFORMATION:** (Please list additional Employees on Pg 4)

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

**WITNESS INFORMATION:** (Please list additional Witnesses on Pg 4)

Name:	DOB:	
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:	DOB:	
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:



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## ADDITIONAL LCPD EMPLOYEES:

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

Name of Employee:		
Badge Number:	Unit Number:	Unit License Plate:
Description of Employee:		

## ADDITIONAL WITNESS INFORMATION:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone:

Name:		DOB:
Physical Address:		
Mailing Address:		
Home Phone:	Mobile Phone:	Work Phone: