

BELEN POLICE DEPARTMENT  
607 BECKER AVENUE BELEN, NEW MEXICO 87002  
OFFICE: 505-966-2680

EMPLOYEE COMPLAINT FORM

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_

Are you the complainant or are you filing a formal complaint on behalf on someone else? YES \_\_\_\_ NO \_\_\_\_  
If answered yes what is your relationship to the complainant? \_\_\_\_\_  
What is your name? \_\_\_\_\_ Phone: \_\_\_\_\_

**COMPLAINANT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Contact Information: Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

**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 employee(s): \_\_\_\_\_  
\_\_\_\_\_

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.)  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware if a recording (audio or video) of this incident exists: YES \_\_\_\_ NO \_\_\_\_

Note: If yes, please identify who is in possession of the recording: \_\_\_\_\_

**Please complete narrative on back side** →



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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 Belen Police Department in order to provide additional information or be interviewed during the investigation of my complaint.

Signature of complainant: \_\_\_\_\_

Employee accepting complaint: \_\_\_\_\_