

**CITIZEN COMPLAINT AGAINST**  
**BOSQUE FARMS POLICE PERSONNEL**

**CONFIDENTIAL**

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**Citizen information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What is the best way to contact you for more information?

E-mail: \_\_\_\_\_

Telephone number: \_\_\_\_\_

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**Police Personnel Information:**

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

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*Please write neatly and legibly in black or blue ink. We want to ensure we receive the correct information regarding the incident and your concerns.*

**STATEMENT OF ALLEGATION(S):**

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## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**STATEMENT OF ALLEGATION(S) CONTINUED:**

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I understand that this statement of complaint will be submitted to the Bosque Farms Police Department and may be the basis for an investigation. Further, I declare and affirm that the facts contained herein are complete, accurate and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily without persuasion, coercion or promise of any kind.

I understand that under the regulations of the Police Department the personnel against whom this complaint is filed may be entitled to request a hearing before a board of inquiry. By signing and filing this complaint, I hereby agree to appear before a board of inquiry, if one is requested and testify under oath concerning the matters relevant to this complaint.

***Citizens must be aware of NM Statute 30-39-1 and Village Ordinance which governs false reports and states that it is unlawful for any person to intentionally make or file with any law enforcement agency any false or misleading report or statement.***

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Signature of Complainant

Date

Name of person receiving complaint: \_\_\_\_\_

Time & Date received: \_\_\_\_\_