

# SANTA ANA POLICE DEPARTMENT

## ADMINISTRATIVE COMPLAINT FORM

### FOR OFFICE USE ONLY

DATE REPORTED: \_\_\_\_\_ TIME REPORTED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

OTHER PERSONS  
PRESENT: \_\_\_\_\_

### WARNINGS AND INFORMATION

State of New Mexico Statute 30-39-1:

- 1) It is unlawful for any person to intentionally make a report to a law enforcement agency or official, which report he knows to be false at the time of making it, alleging a violation by another person of the provisions of the Criminal Code (30-1-1 NMSA 1978).
- 2) Any person violating the provisions of this section is guilty of a misdemeanor.

**I UNDERSTAND THAT KNOWINGLY MAKING A MATERIALLY FALSE OR UNTRUE STATEMENT DURING THE COURSE OF THIS COMPLAINT PROCEDURE MAY SUBJECT ME TO CRIMINAL OR CIVIL LAW LIABILITY.**

I realize that it may become necessary during the investigation of this complaint, for me to meet with a member(s) of the Police Department to discuss this complaint, either in the presence or absence of the accused member(s), at the discretion of the department. I hereby accept and agree that if any action is initiated through a court or administrative hearing as a result of my complaint, my testimony before these hearings may be required. I hereby agree to make myself available to the aforementioned court or administrative hearing when requested to do so.

**I HAVE READ THE ABOVE WARNINGS AND INFORMATION, OR HAVE HAD IT READ TO ME. I UNDERSTAND IT AND DO HEREBY MAKE THE ATTACHED PERSONAL STATEMENT VOLUNTARILY AND OF MY OWN FREE WILL.**

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Signature of Complainant \_\_\_\_\_  
Signature of Witness \_\_\_\_\_

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# COMPLAINT FORM

CASE # (if known) \_\_\_\_\_

EMPLOYEE'S NAME(S): \_\_\_\_\_

Person(s) complaint is against) \_\_\_\_\_

**COMPLAINANT:**

LAST NAME:\_\_\_\_\_ FIRST:\_\_\_\_\_ MI:\_\_\_ DOB:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ PHONE(H):\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

EMPLOYER (OPTIONAL):\_\_\_\_\_ PHONE (W):\_\_\_\_\_

**WITNESSES/OTHER COMPLAINANTS (PLEASE IDENTIFY)**

(USE REVERSE SIDE IF NEEDED)

1) LAST NAME:\_\_\_\_\_ FIRST:\_\_\_\_\_ MI:\_\_\_ DOB:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ PHONE(H):\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

EMPLOYER (OPTIONAL):\_\_\_\_\_ PHONE (W):\_\_\_\_\_

2) LAST NAME:\_\_\_\_\_ FIRST:\_\_\_\_\_ MI:\_\_\_ DOB:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ PHONE(H):\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

EMPLOYER (OPTIONAL):\_\_\_\_\_ PHONE (W):\_\_\_\_\_

3) LAST NAME:\_\_\_\_\_ FIRST:\_\_\_\_\_ MI:\_\_\_ DOB:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ PHONE(H):\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

EMPLOYER (OPTIONAL):\_\_\_\_\_ PHONE (W):\_\_\_\_\_

4) LAST NAME:\_\_\_\_\_ FIRST:\_\_\_\_\_ MI:\_\_\_ DOB:\_\_\_\_\_

ADDRESS:\_\_\_\_\_ PHONE(H):\_\_\_\_\_

CITY:\_\_\_\_\_ STATE:\_\_\_\_\_ ZIP CODE:\_\_\_\_\_

EMPLOYER (OPTIONAL):\_\_\_\_\_ PHONE (W):\_\_\_\_\_

**COMPLAINT (TOPIC OF COMPLAINT)**

\_\_\_\_\_  
\_\_\_\_\_

