



Mesilla Marshal's Department
 2670 Calle De Parian/P.O. Box 10
 Mesilla, NM 88046

Citizen Complaint Form

Please Type or Print the Following Information
Person Making Complaint:

Name: _____ DOB: _____ SSN: _____

Address (NO P.O. BOX): _____

City: State: ZIP: _____

Home phone: _____ Cellular phone: _____

Employer: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Work phone: _____ Work Cellular: _____

I, _____, **HEREBY STATE AS FOLLOWS:**
 Print Your Name Here

1. I HAVE READ THE ATTACHED STATEMENT IN ITS ENTIRETY, REVIEWED IT FOR ACCURACY, AND BEEN GIVEN AN OPPORTUNITY TO MAKE CORRECTIONS AND ADDITIONS TO THE STATEMENT.
2. IT IS MY DESIRE THAT THIS COMPLAINT BE INVESTIGATED DILIGENTLY.
3. I UNDERSTAND THAT I MAY BE ASKED TO SUBMIT TO A POLYGRAPH EXAMINATION AS PART OF THIS INVESTIGATION, AND PROVIDE A FORMAL STATEMENT. ANY REFUSAL ON MY PART TO PROVIDE EITHER ITEM AS REQUESTED, WILL RESULT IN THE IMMEDIATE TERMINATION OF THIS COMPLAINT.
4. UNDER PENALTIES AS PROVIDED BY LAW PURSUANT TO MESILLA TOWN CODE 9.10.190, FALSE REPORTING, I CERTIFY THAT THE ALLEGATIONS SET FORTH IN THE COMPLAINT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER UNDERSTAND THAT IF I KNOWINGLY MAKE FALSE ACCUSATIONS, I MAY BE SUBJECT TO ADDITIONAL CIVIL OR CRIMINAL PENALTIES.

 Complainant's Name (print/type)

 Complainant's Signature

Date: _____ Time: _____

 Parent/Guardian Signature (If Complainant under 18)

 Receiving Supervisor's Name (print/type)

 Receiving Supervisor's Name Signature

Date: _____ Time: _____

RECEIVED: ___ In Person ___ Telephonically ___ Anonymously ___ Mail ___ E-mail ___ Fax



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TYPE OF COMPLAINT:

Rudeness Speeding Improper Driving Dishonesty Theft Harassment
 Destruction/Damaged property Intimidation False Arrest Excessive Use of Force
 Improper / Inaccurate Citation Inaccurate Report No Report Taken/On File Failed to Act
 Cursing / Vulgar Language Improper Behavior / Conduct
 Other:

Are you filing the complaint on another's behalf? Yes No

If **Yes**, name of person: _____

If **Yes**, was this person arrested? Yes No

If **No**, were you arrested? Yes No

INCIDENT INFORMATION:

Date of Incident: _____ Time of incident: _____

Address or Street Intersection of Incident: _____

City: _____ State: _____ ZIP: _____

Deputy Involved: **If additional Deputies involved please list on Page 4**

Name: _____

Badge #: _____ Car/Unit #: _____ Car/Unit Plate #: _____

Description of Deputy: _____

Witness Information: **If additional Witnesses involved please list on Page 4**

Name: _____ DOB: _____ SSN: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cellular phone: _____

Employer: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Work phone: _____ Work Cellular: _____

Was this person arrested? Yes No



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Additional Deputies:

Name: _____

Badge #: _____ Car/Unit #: _____ Car/Unit Plate #: _____

Description of Deputy: _____

Additional Deputies:

Name: _____

Badge #: _____ Car/Unit #: _____ Car/Unit Plate #: _____

Description of Deputy: _____

Additional Witness Information:

Name: _____ DOB _____ SSN: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cellular phone: _____

Employer: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Work phone: _____ Work Cellular: _____

Was this person arrested? Yes No

Additional Witness Information:

Name: _____ DOB _____ SSN: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Home phone: _____ Cellular phone: _____

Employer: _____

Address (NO P.O. BOX): _____

City: _____ State: _____ ZIP: _____

Work phone: _____ Work Cellular: _____

Was this person arrested? Yes No