LOS ANGELES POLICE DEPARTMENT

COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding Los Angeles Police Department policies and procedures, or police response time to a location, should be discussed with the watch commander at your local police station. Upon completion of this form, you may either return it in person to the nearest police station, or mail the top copy to LOS ANGELES POLICE DEPARTMENT, Internal Affairs Division, P.O. Box 30158, Los Angeles, CA 90099-4896. A preaddressed business reply envelope has been provided for you convenience. Keep the second copy for your records.

Name_____ Phone_____ ☐ Day ☐ Evening
Address_____ Language Spoken_____
Date of Occurrence_____ Time of Occurrence_____
Location of Occurrence_____

Names, Badge Numbers or Serial Numbers of Employees Involved (If known)

_____
_____
_____

Names, addresses, and telephone numbers of witnesses present at the time of occurrence. (If known)

_____
_____
_____

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION.)
Details – (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Date_____ Signature_____

DEPARTMENTAL USE ONLY

To be completed by the supervisor receiving this form.
Supervisor's name _____ Serial Number _____
Date and time received _____ Division _____

Final disposition _____
(i.e. forwarded to IAD; 1.81 initiated; sent correspondence to complainant, etc.)

(Attach additional sheets, if necessary.) IAD NO._____ DIV. NO. _____