

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 Group, P.O. Box 30158, Los Angeles, CA 90099-4896. A preaddressed business reply envelope has been provided for your 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).
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(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.)

[illegible]

Date _____ Signature _____

DEPARTMENT 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 IAG; 01.28.00 initiated; sent correspondence to complainant, etc.)

(Attach additional sheets, if needed.)

CF NO.

DIV. NO.