LOS ANGELES POLICE DEPARTMENT
COMPLAINT OF EMPLOYEE MISCONDUCT

This form is for reporting employee misconduct. Matters reported on this form that are other than employee misconduct will be referred to the responsible entity for appropriate action.

Please complete the form entirely and provide as much detail as possible. Once you have completed the form, you may return it to the Los Angeles Police Department by bringing it in person to any Los Angeles Police Station, sending it by mail to Los Angeles Police Department, Internal Affairs Division, Post Office Box 30158, Los Angeles, CA 90030, or sending it via facsimile to (213) 482-0413. You may also return the form to the Los Angeles Police Commission, Office of the Inspector General, in person or by mail, at 350 S. Figueroa Street, Suite 1002, Los Angeles, CA 90071, or sending it via facsimile to (213) 687-7473.

Name: _____ Phone: _____

Cell phone: _____ Email address: _____

Preferred method of contact: _____ Best time to contact you: _____

Address: _____ Primary language spoken: _____

_____ Date and 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 (Explain what happened, when it happened and where it happened. If you do not know the involved employees' names or badge numbers, please describe them. Be as detailed as possible and include any information you have that will help us investigate your complaint.)

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If you have any questions, please call the Internal Affairs Division, Complaint Hotline, at (800) 339-6868.

Date: _____ Signature: _____

01.81.06 (06/21)

Continuation

Details (Explain what happened, when it happened and where it happened. If you do not know the involved employees' names or badge numbers, please describe them. Be as detailed as possible and include any information you have that will help us investigate your complaint.)

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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 IAD; 01.28.00 initiated; sent correspondence to complainant.)

(Attach additional sheets, if needed.)   CF NO.: _____   DIV. NO.: _____

01.81.06 (06/21)