

**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.)

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

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

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**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.)

Lined area for writing details.

**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.: