## 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 Group, Post Office Box 30158, Los Angeles, CA 90030, or sending it via facsimile to (213) 473-6700. You may also return the form to the Los Angeles Police Commission, Office of the Inspector General, in person or by mail, at 201 N. Figueroa Street, Suite 610, Los Angeles, CA 90012, or sending it via facsimile to (213) 202-9966.

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 Number	ers of Employees Involved (if known).		
	<del></del>		
Names addresses and talanhana numba	rs of witnesses present at the time of occurrence (if known).		
Tvames, addresses, and telephone number	is of withesses present at the time of occurrence (if known).		
LIST ADDITIONAL EMPLOYEE	S AND/OR WITNESSES UNDER THE "DETAILS" SECTION		
	happened and where it happened. If you do not know the involved e describe them. Be as detailed as possible and include any information complaint.)		
If you have any questions, please call the In	nternal Affairs Group, Complaint Classification Unit at (213) 473-6739.		
Date	Signature		

## Continuation

Details - (Explain what happened, when it he employees' names or badge numbers, please you have that will help us investigate your control of the control of	describe them. Be as		
	DEPARTMENT US	SE ONLY	
To be completed by the supervisor receiving	g this form.		
Supervisor's Name	Serial N	umber	
Date and Time Received	Division	Division	
Final Disposition			
(i.e., forwarded to IAG; 01.28.00 initial	ated; sent correspond	ence to complainant, etc.)	
(Attach additional sheets, if needed.)	CF NO.	DIV. NO.	