

Los Angeles Port Police

Citizens Complaint Form



This form is for reporting employee misconduct. The Los Angeles Port Police takes seriously all complaints regarding the service provided by the Department and the conduct of its members. The Department will accept and address all complaints of misconduct in accordance with this policy and applicable federal, state and local law, municipal and county rules. It is also the policy of this department to ensure that the community can report misconduct without concern for reprisal or retaliation.

Name _____	Phone Number _____
Cell Phone _____	Email Address _____
Preferred method of contact _____	Best time to contact you _____
Address _____	Primary language spoken _____
	CDL/ID # _____
Date and time of occurrence _____	
Location of occurrence _____	

Names, Badge Numbers, or Serial Numbers of Employee (if known)

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

Video Pictures Other _____

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. *List additional employees and/or witnesses in this section.*

If you have any questions, please call the on-duty Watch Commander at (310) 732-3500.

Date _____	Signature _____
LAPP Incident # _____	IA # _____

Citizens Complaint Form 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. *List additional employees and/or witnesses in this section.*

To be completed by the supervisor receiving this form.

Supervisor's Name _____ **Serial Number** _____

Date & Time Received _____ **Division** _____

Final Disposition _____

(i.e. Forwarded to Professional Standards, sent correspondence to complainant, disposition, etc.)

Command Officer Review _____ **S/N** _____ **Date** _____

Professional Standards Unit Review _____ **S/N** _____ **Date** _____

LAPP Incident # _____ **IA #** _____

Personnel Complaint Form Continuation

Signature

Date

IA #

LAPP Incident # _____