

Los Angeles School Police Department

Service Complaint Form

Complaining Party Information

Name: _____	
Address: _____ <small>(Street)</small>	
City: _____	State: _____ Zip Code: _____
Telephone Number: _____	Email: _____

**Name of involved Los Angeles School Police
Department employee**
(if known)

Name of any witnesses
(if known)

1. _____
2. _____
3. _____

1. _____
2. _____
3. _____

Description of Concern /Incident

(additional space is available on Page 2)

Signature of Complaining Party: _____ Date: _____

Submit Form To:
Los Angeles School Police Department
125 North Beaudry Avenue
Los Angeles, CA 90012

FAX: (213) 202-8676 Email: internal_affairs@laspd.com

FOR LASPD INTERNAL AFFAIRS USE ONLY	
Date received: _____	Date letter of receipt of complaint mailed: _____

Los Angeles School Police Department

Service Complaint Form
CONCERN /INCIDENT CONTINUATION

