

Los Angeles School Police Department
Service Complaint Form



Complainant's Information

Name: _____	
Address: _____ (Street)	
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
1330 West Pico Blvd.
Los Angeles, CA 90015

FAX: (213) 742-0041 Email: internal_affairs@laspd.com

FOR LASPD INTERNAL AFFAIRS USE ONLY

Date received: _____ Date letter of receipt of complaint mailed: _____

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CONCERN /INCIDENT CONTINUATION

A large, empty rectangular box with a black border, intended for the continuation of a concern or incident report.