

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 Via Mail or email:

Internal Affairs Unit  
Los Angeles School Police Department  
125 N. Beaudry Ave.  
Los Angeles, CA 90012

Email: [internal\\_affairs@laspd.com](mailto:internal_affairs@laspd.com)

<b>FOR LASPD INTERNAL AFFAIRS USE ONLY</b>	
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.