

INGLEWOOD POLICE DEPARTMENT PERSONNEL COMPLAINT FORM

NAME		HOME ADDRESS	HOME TELEPHONE
DRIVERS LICENSE NUMBER	DATE OF BIRTH	BUSINESS ADDRESS	BUSINESS TELEPHONE
LOCATION INCIDENT OCCURRED		DATE AND TIME OF OCCURRENCE	
WHO ARE THE OFFICERS INVOLVED			
WITNESS		ADDRESS	TELEPHONE
DRIVERS LICENSE NUMBER	DATE OF BIRTH		
WITNESS		ADDRESS	TELEPHONE
DRIVERS LICENSE NUMBER	DATE OF BIRTH		
WITNESS		ADDRESS	TELEPHONE
DRIVERS LICENSE NUMBER	DATE OF BIRTH		

PLEASE DESCRIBE WHAT HAPPENED

PLEASE READ THE FOLLOWING:

YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

I have read and understood the above statement (Signature Required)	DATE / TIME RECEIVED	IPD SUPERVISOR RECEIVING REPORT
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