

OFFICE OF THE CHIEF OF POLICE

September 25, 2018

NOTICE
14.5

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: COMPLAINT OF EMPLOYEE MISCONDUCT, FORM 01.81.06 – REVISED

The Complaint of Employee Misconduct, Form 01.81.06, has been revised to include updated information for Internal Affairs Group, the Office of the Inspector General, and the Complaint Classification Unit.

The revised Complaint of Employee Misconduct form is attached for immediate use and duplication and is available in E-Forms on the Department's Local Area Network. The use, completion, and distribution of this form remain unchanged. All previous versions of this form are to be discarded.

Any questions regarding this Notice may be directed to the Forms Unit, Policies and Procedures Division, at (213) 486-0400.



MICHEL R. MOORE
Chief of Police

Attachment

DISTRIBUTION "D"

**LOS ANGELES POLICE DEPARTMENT
COMPLAINT OF EMPLOYEE MISCONDUCT**

This form is for reporting employee misconduct. Matters reported on this form that are other than employee misconduct will be referred to the responsible entity for appropriate action.

Please complete the form entirely and provide as much detail as possible. Once you have completed the form, you may return it to the Los Angeles Police Department by bringing it in person to any Los Angeles Police Station, sending it by mail to Los Angeles Police Department, Internal Affairs Group, Post Office Box 30158, Los Angeles, CA 90030, or sending it via facsimile to (213) 482-0413. You may also return the form to the Los Angeles Police Commission, Office of the Inspector General, in person or by mail, at 350 S. Figueroa Street, Suite 1002, Los Angeles, CA 90071, or sending it via facsimile to (213) 687-7473.

Name _____	Phone _____
Cell phone _____	Email address _____
Preferred method of contact _____	Best time to contact you _____
Address _____	Primary language spoken _____
_____	Date and time of occurrence _____

Location of occurrence _____

Names, Badge Numbers or Serial Numbers of Employees Involved (if known).

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

LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION

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.)

If you have any questions, please call the Internal Affairs Group, Complaint Classification Unit at (800) 339-6868.

Date _____ Signature _____

