

Revised - 8/2023

100 West 1st Street, Los Angeles, CA 90012 · (213) 996-1270

OFFICIAL POLICE GARAGE Public Complaint Form

Date:	Complaint Type:	Tow	OPG	Valet
COMPLAINANT INFORMATION				
Complainant's Name:				
Complainant's Address:				
City:		State:		Zip:
Contact Number:	_	Email:		
INCIDENT INFORMATION				
Incident Date:		Incident Tir	me:	<u></u>
Incident Location:				
City:				Zip:
VEHICLE INFORMATION				
Vehicle License Plate No:				
Vehicle - Year: Mak		del:		Color:
<u>COMPANY INFORMATION</u>				
Company/Organization Name:				
Business Address:				
City:				Zip:
Contact Number:		Email:		
Driver/Attendants Name or Description ID N	lo:			
Person(s) you spoke with:				
Provide a brief description (and any supplem	nental documents, receipts	stubs, photos	s, Police Rep	orts, Officer(s) info, etc.)
Resolution You Are Seeking:				
	<u> </u>	PG/OFFICE		
Submitted By:		J/OI FICE	OSE OILE	
	Appro	oved By:		