

# COMPLAINT CONTROL FORM

Citizen Police Complaint Commission  
Long Beach, CA



PLEASE PRINT OR TYPE – FILL IN AS COMPLETELY AS POSSIBLE

NAME		RESIDENCE ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)			
HOME/CELL TELEPHONE		WORK TELEPHONE			
LOCATION OF OCCURRENCE		DATE/TIME OF OCCURENCE		DATE/TIME REPORTED	
DATE OF BIRTH (Optional)		SEX	ETHNICITY/NATIONAL ORIGIN (Optional)		
WERE YOU ARRESTED?	DATE/TIME	INJURIES TO ANYONE?		VISIBLE INJURIES?	PHOTOS TAKEN?
YES [ ] NO [ ]		YES [ ]	NO [ ]	YES [ ] NO [ ]	YES [ ] NO [ ]
OFFICER(S) INVOLVED:		BADGE/ID #	DESCRIPTION OF OFFICER		
NO. 1					
NO. 2					
NO. 3					
WITNESS(ES) (Please give full name(s), work and home addresses, home/cell/work telephone numbers, relationship: friend, relative, other party.)					
NO. 1					
NO. 2					
NO. 3					
Write a summary of your complaint, including specifically what you think the police personnel did wrong. Provide a copy of any documentation/photos/recordings that you may have to support your complaint. Feel free to use additional pages, if necessary.					
SIGNATURE				DATE SIGNED	

# NOTICE

It is against the law to make a complaint that you know to be false. If you make a complaint against an officer knowing that it is false, you may be subject to a civil lawsuit for money damages.

*Es contra la ley hacer una queja sabiendo que es falsa. Si usted hace una queja contra un oficial de la ley, aun sabiendo que es falsa, usted puede ser sujeto/a a una demanda civil por danos monetarios.*



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**PLACE  
STAMP  
HERE**



**CITIZEN POLICE COMPLAINT COMMISSION**  
City of Long Beach  
411 West Ocean Boulevard, 1<sup>st</sup> Floor  
Long Beach, CA 90802

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**INSTRUCTIONS:**

- Mail complaint form and supporting documents to the CPCC office with the appropriate postage.
- Deliver to the CPCC office in a secure envelope.