



# Long Beach Police Department Citizen Complaint Questionnaire



Date:		Time:		P.D.1040.006 (12/13)	
Reporting Party's Name (Last, First, MI)				Driver's License #	
Address			City/State/Zip		
Contact Phone		Alternate Phone		E-mail Address	
Sex	Race	DOB	Date & Time of Incident		Location of Incident
Name of Supervisor Contacted (if any)				Incident Report # / Call # / Cite # ( If known)	
If Injured - Describe Injuries					
If seen by a Doctor - Doctor's Name & Phone Number					
Employee Name(s) / Badge Number (s) - (If Applicable), or Description of Employee(s)					
If Delay in Reporting - Explain Reason					
List any Evidence (Video - Photographs, etc)					
Witness Name			Address/City/Zip		
Contact Number			D.O.B		Drivers License #
Witness Name			Address/City/Zip		
Contact Number			D.O.B		Drivers License #
Witness Name			Address/City/Zip		
Contact Number			D.O.B		Drivers License #
Attorney's Name, Address & phone Number ( If Applicable)					

Office Use Only					
Medical Release Form	Yes	No	Date		
Photographs Taken	Yes	No	Date	DR# _____	Received by _____

