

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, 1st 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.