# Long Beach Police Department
# Civilian Complaint Questionnaire

P.D.1040.006 (09/26)

| Date: | Time: |
|---|---|

| 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_____

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**Please list all complaints regarding this incident:**

Signature

Date

**YOU MAY COMPLETE THIS QUESTIONNAIRE AND MAIL IT TO: LONG BEACH POLICE DEPARTMENT, ATTENTION INTERNAL AFFAIRS SECTION, 400 WEST BROADWAY, LONG BEACH, CA. 90802 OR EMAIL TO: INTERNAL.AFFAIRS@LONGBEACH.GOV**

**This information is available in an alternative format by request to the Personnel Administrator at (562) 570-7120.**