Long Beach Police Department
Citizen Complaint Questionnaire

P.D.1040.006 (12/13)

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 DIVISION, 400 WEST BROADWAY, LONG BEACH, CA. 90802 OR FAX FORM TO: (562) 570-8730

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