



# Los Angeles Fire Department Complaint Record Form

## Submitting a Complaint

The Los Angeles Fire Department considers all complaints important. Complaints are documented on the "Complaint Record Form" and forwarded to the LAFD Professional Standards Division for review and follow-up action. All complaints are handled in an impartial manner in compliance with federal, state and local laws and departmental policy.

The Reporting Party information provides an opportunity for the department to follow-up to verify information or ask additional questions should the original submission lack enough specifics. Once you have completed the form, please print and either fax or mail it to:

Los Angeles Fire Department  
Professional Standards Division  
201 N. Figueroa Street, Ste. 1200  
Los Angeles, CA 90012-4110  
Fax: 213-202-3198 Or 3199

**Please complete as much information as you can.**

### Incident Information

Date\*  Time\*

Location of Incident\*

Incident/Event Type\*

Medical Report Number (If applicable)

### Officer or Employee Information

Last Name  First Name  Badge #

### Type of Unit

Airport Crash Rescue     Ambulance     Arson     Bicycle Medic     Brush Patrol

Command Post     Engine     Fireboat     Decon Tender     EMS Battalion Captain

Hazmat     Heavy Rescue     Paramedic Rescue Ambulance     Swift Water Rescue

Truck     Tractor Company     Urban Search and Rescue     Other:

## Reporting Party Information

Last Name	<input type="text"/>	First Name	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
		Email Address	<input type="text"/>
Phone Number	<input type="text"/>	Preferred Time to Call	<input type="text"/>

## Comments/Statements\*

The Los Angeles Fire Department thanks you for your interest and for taking the time to complete this form.

**\* Indicates mandatory field**