



# 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 news 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:

Professional Standards Division  
201 N. Figueroa St. Suite 1200  
Los Angeles, CA 90012  
Tel (213) 202-3190  
Fax (213) 202-3198

### Incident Information

Please complete as much information as you can.

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

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Airport Crash Rescue | <input type="checkbox"/> Ambulance       | <input type="checkbox"/> Arson                      | <input type="checkbox"/> Bicycle Medic               | <input type="checkbox"/> Brush Patrol          |
| <input type="checkbox"/> Command Post         | <input type="checkbox"/> Engine          | <input type="checkbox"/> Fireboat                   | <input type="checkbox"/> Decon Tender                | <input type="checkbox"/> EMS Battalion Captain |
| <input type="checkbox"/> Hazmat               | <input type="checkbox"/> Heavy Rescue    | <input type="checkbox"/> Paramedic Rescue Ambulance | <input type="checkbox"/> Swift Water Rescue          |  |
| <input type="checkbox"/> Truck                | <input type="checkbox"/> Tractor Company | <input type="checkbox"/> Urban Search and Rescue    | <input type="checkbox"/> Other: <input type="text"/> |  |

**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**