



# OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

ALEX VILLANUEVA, SHERIFF



## PROCEDURES FOR PUBLIC COMPLAINTS

### How Do I Make A Complaint?

You may make a complaint in person, or by calling or writing to any Sheriff's station, jail or facility. If you write, your complaint does not have to be on any special form. When you make your complaint in person, ask for the Watch Commander or person in charge. The Watch Commander will listen to your complaint and fill out what we call a Service Comment Report. If you choose to call in your complaint, dial 1-800-698-TALK. Upon completion of the Public Complaint form, return it in person to the nearest Sheriff's station, or mail the form to Los Angeles County Sheriff's Department, Professional Standards Division, 211 West Temple Street, Los Angeles, CA 90012.

### What Happens After I Make A Complaint?

The Sheriff's Department will look into your complaint and talk to the people involved. Please give us a list of people you think we should talk to that can give us specific information about your complaint. The amount of time it takes to complete a complaint review or investigation depends on many factors and can vary from a few days to several months.

You can check with the Sheriff's Department at any time about your complaint. When we are finished looking into the matter, we will write and tell you what was decided. The Department may find that your complaint is justified and take appropriate action with respect to the employee.

On the other hand, the Department may not find enough information to substantiate misconduct on the part of our employee. If you are dissatisfied with that decision, you can talk to the Station Captain or the person who was in charge of looking into your complaint. They will listen to your reason for dissatisfaction and try to assist you.

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

*A Tradition of Service*  
— Since 1850 —

**LOS ANGELES COUNTY SHERIFF'S DEPARTMENT  
PUBLIC COMPLAINTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date/Time of Occurrence \_\_\_\_\_ Date of Complaint \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Names and I.D. Numbers of Deputies Involved (if known)

_____	_____
_____	_____
_____	_____

Has any member of this Department attempted to discourage you, in any way, from bringing this matter to the attention of the Department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_

Details: (Please summarize your complaint, and include names of witnesses and any other factual, supporting information.)

PLEASE USE ADDITIONAL PAGES IF NEEDED

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Signature: \_\_\_\_\_