

ARCADIA POLICE DEPARTMENT COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding Arcadia Police Department policies and procedures, or police response time to a location, should be discussed with the on-duty Watch Commander. Upon completion of this form, you may either return it in person to the police station, email a copy to ArcadiaPolice@ArcadiaCA.gov, or mail a copy to the ARCADI^A POLICE DEPARTMENT, Personnel Complaint Form, 250 W. Huntington Drive, Arcadia, CA 91007. Make sure to also keep a copy for your records.

Name _____ Phone _____ Day Evening

Address _____ Language Spoken _____

Date of Occurrence _____ Time of Occurrence _____

Location of Occurrence_____

Names, Badge Numbers or Serial Numbers Names, addresses, and telephone numbers of witnesses present at the

Names, Badge Numbers or Serial Numbers of Employees Involved (If known). Names, addresses, and telephone numbers of witnesses present at the time of occurrence (If known).

Does your complaint allege racial or identity profiling?

No

Yes - If yes, specify the type of alleged racial or identity profiling - please check all that apply:

Race or Ethnicity	Nationality	Age	Religion	Gender
Gender Expression	Sexual Orientation	Mental Disability	Physical Disability	Other

(LIST ADDITIONAL EMPLOYEES AND/OR WITNESSES UNDER THE "DETAILS" SECTION.)

DETAILS - (Please state your complaint, including names, times, locations, witnesses, and any other information that would help in investigating your complaint. If employee names are unknown, explain what each employee looked like.)

DETAILS CONTINUED:

Date _____

Signature _____

DEPARTMENT USE ONLY

To be completed by the supervisor receiving this form.

Supervisor's name and rank _____

Serial #

Date and time received _____

Division

Final disposition _____
(i.e. forwarded to DIV COMMANDER, Blue Team initiated; sent correspondence to complainant, etc.)

(Attach additional sheets, if needed.)

I.A. PRO #: _____