



# LOMPOC POLICE DEPARTMENT COMPLAINT OF EMPLOYEE MISCONDUCT

This form should be used exclusively to report employee misconduct. Complaints regarding Lompoc Department policies and procedures, or police response time to a location, should be discussed with the watch commander at the Lompoc Police station. Upon completion of this form, you may either return it in person to the police station, or mail a copy to Lompoc Police Department, Professional Standards, 107 Civic Center Plaza Lompoc, CA 93436.

Name \_\_\_\_\_ Phone \_\_\_\_\_  Day  Evening

Address \_\_\_\_\_ Language Spoken \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Time of Occurrence \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### (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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate sheet if necessary)

Date \_\_\_\_\_ Signature \_\_\_\_\_

### DEPARTMENT USE ONLY

To be completed by the supervisor receiving this form.

Supervisor's name \_\_\_\_\_ Badge Number \_\_\_\_\_

Date and time received \_\_\_\_\_ Division \_\_\_\_\_

Final disposition \_\_\_\_\_