

BEVERLY HILLS POLICE DEPARTMENT 464 NORTH REXFORD DRIVE | BEVERLY HILLS | CA | 90210| 310-285-2112| 310-285-2127 professionalstandards@beverlyhills.org

PERSONNEL COMPLAINT FORM

How do I make a complaint?

Complaints of misconduct or improper job performance may be lodged at any time to any member of the Department. Although a complainant will be asked to complete a "Personnel Complaint Form", a complaint may also be filed orally, either in person or by telephone, or online. If requested, a complainant shall be provided with a copy of his/her statement at the time the complaint is filed with the Department. Complaint forms will be maintained in the public area of the police facility and be accessible through the department website: https://www.beverlyhills.org/PDcomments

As an alternative, citizens not wishing to file a complaint directly with the Police Department may do so with the City of Beverly Hills Human Relations Commission.

What happens after I make a complaint?

The supervisor receiving the complaint will ask the complainant to provide as much information as possible. This complaint will then be investigated thoroughly and in a timely and professional manner. The investigation will consist of taking formal statements from all persons involved and the gathering and any evidence or any other information related to the incident. Once completed, the investigation will be reviewed by a Commanding Officer who will determine a finding for each allegation of misconduct. The Commanding Officer will then make his/her recommendation to the Chief of Police who will then render a final decision concerning the disposition of the complaint. The complainant will be notified of the final decision within thirty (30) days of the final decision.

Any questions regarding the complaint procedures may be directed to the Professional Standards Unit, Office of the Chief of Police, at (310) 285-2112 or (310) 285-2127.



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PERSONNEL COMPLAINT FORM					
COMPLAINANT					
Name:					
Date of Birth: E-mail:					
Current Address:					
City:	State:		ZIP Code:		
Home Phone:	Cell Phone:		Work Phone:		
	INCII	DENT	•		
Date(s) of Incident:	Approximate Time:		Case/Incident No:		
Location of Incident:					
Involved Officer or Employee:	mployee:		Badge Number:		
Involved Officer or Employee:		Badge Number:	Badge Number:		
Witness:		Phone Number:			
Witness:		Phone Number:	Phone Number:		
STATEMENT (Please be as detailed as po	ssible. Use additional	paper as necessary.)		
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Complainant's Signature			Date		
Complaints of racial or identity profiling b sexual orientation, or mental or physical discountries.			n, age, religion, gender identity or expression nent may be noted on this form.	1,	

FOR OFFICE USE ONLY v8.2024

DATE/TIME RECEIVED: _____

COMPLAINT RECEIVED BY: _____



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STATEMENT CONTINUATION SHEET	(Please be as detailed as possible. Use additional paper as necessary.)

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