

**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT
INMATE COMPLAINT / SERVICES REQUEST FORM**

**BULLETIN #5
ATTACHMENT 2**

Instructions:

Fill out the portion below as completely as possible. Place an "X" in the appropriate box. Once completed, tear off the last copy for yourself and then place the original and the second copy into the "Request / Complaint Form" box. Some of the choices may or may not apply to you or your facility.

Only one request per form.

INMATE NAME	BOOKING #	FACILITY	HOUSING LOC.	DATE

I WOULD LIKE TO SPEAK WITH A:

<input type="checkbox"/> Medical Staff regarding:	Inmate Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Mental Health (Circle all that apply) Speak to a clinician, inquire about medication, or other:	<input type="checkbox"/> Chaplain: Religious Preference _____ Language _____	_____
<input type="checkbox"/> Dentist regarding:	<input type="checkbox"/> Education Representative <input type="checkbox"/> V.A. Representative	_____
<input type="checkbox"/> Release Planner from the Community Transition Unit (Circle all that apply). Information on any court ordered classes (domestic violence, parenting, substance abuse assistance), education programs, job training, housing, medical health, mental health, transportation to a shelter or drug rehab programs, social security benefits, or religious services.		

REQUEST TO SPEAK WITH THE APPROPRIATE PERSON REGARDING:

<input type="checkbox"/> Becoming an inmate worker.	<input type="checkbox"/> Attending school while in custody.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Becoming an inmate station worker.	<input type="checkbox"/> Attending substance abuse treatment while in custody.	<input type="checkbox"/> Voter Information

REQUEST FOR INFORMATION:

When is my release date? When is my next court date? What is my account balance? Other: _____

I WOULD LIKE TO RECEIVE:

<input type="checkbox"/> Haircut (Indigent / No Funds)	<input type="checkbox"/> Writing materials (Indigent / No Funds)	<input type="checkbox"/> Commissary	<input type="checkbox"/> Shoes	<input type="checkbox"/> Other: _____ Specify
<input type="checkbox"/> Library time (May or may not apply to your facility)	<input type="checkbox"/> Law Library time	<input type="checkbox"/> Legal forms	Specify	

I HAVE THE FOLLOWING REQUEST / COMPLAINT:
(If this is a complaint, include dates, times, and names of persons involved. Attach additional pages if needed.)

-----FOR DEPARTMENT USE ONLY -- DO NOT WRITE BELOW THIS LINE-----

Assigned To: Medical Services Dental Mental Health Food Services Inmate Services CTU

Name Of Individual Receiving Request / Complaint	Employee #	Date

Name Of Person Handling Request / Complaint For Service Request For Service Personnel Complaint Service Complaint Other Facility

Name	Employee #	Date	REFERENCE NUMBER

Complaint Type	Disposition Code	URN (If Applicable)

DISPOSITION

THE ABOVE HAS BEEN DISCUSSED WITH ME AND I HAVE BEEN ADVISED OF THE FINDINGS.

Inmate Signature	Booking #	Date

White - Facility

Yellow - Inmate copy at time of disposition

Pink - Inmate copy at time of submission