

EXHIBIT 21

For I.S.U. Use
Method of Receipt
 Telephone
 In Person
 POE Report Form
 Other: _____
 Intake # 15-119

Policy of Equality
Report / Notification Form

General Instructions: Use this form to report a potential violation of the Policy of Equality. Non-supervisors may also report a potential violation of the Policy of Equality by calling the Intake Specialist Unit at (323) 890-5371 or visiting them at 4900 S. Eastern Avenue, Suite 203, Commerce.

Section A: Reporting Party Information

Today's Date: 06 / 23 / 2015

Name: Ward, Robert Emp. #: [REDACTED] Rank/Title Lieutenant
 Work Tel# [REDACTED] ; Home Tel# [REDACTED] ; Work Hours 0600 - 1600 RDO Fri/Sat/Sun
 Unit of Assignment: WHD / Universal Unit Commander: Gary S. Honings, Captain
 Division North Patrol

Name of Supervisor Completing this form (if different from above): _____ # _____
 Date & Time form completed: 06 / 23 / 15 , 1300 hours.

Anonymous (Do not provide identifying information above if anonymous. You must, however, fill out the rest of the form. Do not check if you are a reporting supervisor.)

Did the complainant and/or alleged victim notify a supervisor of this complaint prior to now?

- Yes (if yes, fill in details)
 Who: _____
 When: Date: _____ / _____ / _____ Time: _____ hours.
 How: _____
- No
- Do not know

Section B: Date And Time of Potential Violation

Day, Date and time alleged violation / alleged incident occurred: _____ / _____ / _____, _____ hours or between _____ / _____ / _____ and _____ / _____ / _____

If multiple incidents or unknown, explain: The CP and IP were previously in a dating/co-habiting relationship that ended in December 2014. Since their break-up, the IP has been "stalking" the CP, broken into her house, and contacted numerous times via text and phone.

Section C: Alleged Complainant(s) (if not the same as the Reporting Party and if they can be identified)

[REDACTED] Employee # [REDACTED] Rank/Title Deputy UOA TST
 Work Tel# [REDACTED] ; Home Tel# [REDACTED] ; Work Hours 0500 - 1300 RDO Sat/Sun

 Employee # _____ Rank/Title _____ UOA _____
 Work Tel# _____ ; Home Tel# _____ ; Work Hours _____ - _____ RDO _____

 Employee # _____ Rank/Title _____ UOA _____
 Work Tel# _____ ; Home Tel# _____ ; Work Hours _____ - _____ RDO _____

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Section D: Alleged Involved Party(ies) (if they can be identified)

Mandoyan, Caren (AKA "Carl"), Deputy Sheriff Employee # [redacted] UOA SLA
Employee # [redacted] UOA
Employee # [redacted] UOA
Employee # [redacted] UOA

Section E: Alleged Witness(es) (if they can be identified)

[redacted] Employee # [redacted] Rank/Title Deputy UOA WHD / Universal
Work Tel# [redacted] ; Home Tel# [redacted] ; Work Hours 1800 - 0400 RDO Sun/Mon/Tues
M. Employee # [redacted] Rank/Title Deputy UOA WHD / Universal
Work Tel# [redacted] ; Home Tel# [redacted] ; Work Hours 1800 - 0400 RDO Thur/Fri/Sat
Employee # [redacted] Rank/Title UOA
Work Tel# [redacted] ; Home Tel# [redacted] ; Work Hours - RDO
Employee # [redacted] Rank/Title UOA
Work Tel# [redacted] ; Home Tel# [redacted] ; Work Hours - RDO

Section F: Nature of the Complaint or Issue(s) - Be as detailed as possible, include all incidents & evidence.

The CP and IP were previously in a dating/co-habiting relationship that ended in December 2014. Since their break-up, the IP has been "stalking" the CP, broken into her house several times (the CP stated she has video, but did not report it to law enforcement), and contacted the CP numerous times via text and phone. The IP has contacted co-workers of the CP's attempting to keep track of the CP while she was working. The CP believes the IP texted Deputy [redacted]'s wife stating the CP was having a "threesome" with Deputies [redacted] and [redacted] # [redacted]. The CP stated a female deputy, who is her close friend (NFD), stated the IP said he found out the CP was seeking an assignment at SVB. The IP said he called friends at SVB preventing the CP from getting a position at SVB. (The CP stated she missed the filing deadline for SVB and therefore did not put in application for the position.)

Ask: "Why do you believe this treatment is occurring?"

(X) Check, if narrative is continued onto the next page

Multiple horizontal lines for providing a response to the question.

Section G Supervisor -- FOR NON-VICTIM SUPERVISORY USE ONLY. DO NOT FILL OUT THIS SECTION IF YOU ARE THE ALLEGED VICTIM OR A NON-SUPERVISOR.

Date & Time notified of potential violation / observation was made: 06 / 23 / 2015 0930 hours.

How did you become aware of the potential violation (explain in detail): The CP called me on my cell phone and told me of the allegations.

Supervisor's Actions (if any) (explain in detail)

I contacted the Intake Unit and spoke with Deputy [redacted] regarding the allegations.

After conferring with her supervisors, Deputy [redacted] instructed me to fill out the POE notification form.

WHD Captain [redacted] and acting TST Captain [redacted] were notified.

Did you ascertain whether complainant(s) and/or victim(s) are in need of:

- Medical Attention
Response: No.
- Protection
Response: _____
- Other Assistance
Response: _____

Advised the complainant(s) and/or victim(s) that they:

- May seek confidential counseling or assistance from Employee Support Services

Notifications:

Intake Specialist Unit phone notification: (During business hours, direct telephone (323) [redacted] After hours, request through Sheriff's Headquarter's Bureau (323) [redacted])

Intake Specialist notified via telephone: Deputy [redacted] Date & Time: 06 / 23 / 2015 1300 hour.
(Name)

POE Report/Notification Form forwarded to Intake Specialist Unit

Date & Time: 06 / 23 / 2015 , 1900 hour. How?: e-mail Fax County mail

Section H. For Intake Specialist Unit Use Only - DO NOT FILL OUT IF YOU ARE REPORTING A POTENTIAL VIOLATION TO THE INTAKE SPECIALIST UNIT.

Intake Specialist Name: Deputy [REDACTED] Emp # [REDACTED]

Date and time ISU received form: Tuesday, 6/23/2016, 1917 hours.

Referred to Equity Unit. Date & Time - _____ hours.

If not referred to Equity Unit, explain in detail action taken:

Received a "B" Assessment from DCO [REDACTED] on 7/15/16.

Additional Information (if any): _____

- Check here if this violation has already been reported. If so, this form should be attached to the already existing report as an addendum. If the existing report has already been forwarded to the Equity Unit or any other Department entity, this form should be forwarded as well.

CC:

- Equity Oversight Panel
- Subject's Unit Commander
- Reporting Party's Unit Commander
- Victim's Unit Commander