



**City of Los Angeles Department of Recreation and Parks
PARTNERSHIP DIVISION**

COMPLIANCE FORM

This form is to be used for RAP Facility documentation purposes in regards to compliance issues with Partnership Organization

Today's Date: _____

PARTNER ORGANIZATION		
CONTACT PERSON & TITLE		
CONTACT ADDRESS	CITY, STATE, ZIP	PHONE
EMAIL	WEB SITE	FAX

DEPARTMENT FACILITY	
CONTACT PERSON & TITLE	PHONE

Date of initial compliance issue: _____

Description of compliance issue(s). Please be specific and includes dates and times:
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Is the Partnership Organization aware of the problem?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is this a recurring issue or has it only happened once?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has contact been made with the organization to correct the matter?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes ...	Who was contacted in the organization? (Name & Title)	Date	Time

If yes, how has the situation changed, either positively or negatively?

If the issue can be corrected, do you want to continue with the partnership? If yes, explain why beneficial:

Distribution

- Original kept at Facility
- Copy 1 District Supervisor
- Copy 2 Partnership Division · FAX (818) 243-6447 · STOP #628-9 – rap.partnerships@lacity.org