



Office of the Sheriff City and County of San Francisco

Citizen complaint statement against an employee or Sheriff's Office action

Name: _____ Telephone: _____
Last, First, Middle Initial

Address: _____
Street (Apt number if it applies)

City: _____ State: _____ Zip: _____

_____/_____/_____
Ethnicity Gender Identification # Date of Birth

Incident information

Date of incident: ____/____/____ Time: _____ Location: _____

Were you injured: YES or NO If yes, please describe your injuries: _____

When did you seek medical attention? Date: ____/____/____

Where did you seek medical attention? Physician: _____

Name of medical facility: _____

Please circle below:

I am willing to sign a medical records release to assist in the investigation of my complaint. YES NO
I have names of witnesses and will provide them to assist in the investigation. YES NO
This complaint is against a single member of the San Francisco Sheriff's Office. YES NO
This complaint is against more than one member of the San Francisco Sheriff's Office. YES
NO

Complainant's statement:

Please describe the incident, including names, witnesses and other factual supporting information. Use reverse side and attach additional sheets to this form if more space is needed.

Case #: _____

Complainant's statement continued:

(STATEMENT CONTINUED ON ATTACHED PAGES) YES NO

Penal Code 148.6 – False allegation of police conduct (Notice)

You have the right to make a complaint against a Deputy Sheriff for any improper peace officer conduct California law requires this agency to have a procedure to investigate citizen's complaints. You have a right to a written description of this procedure. California law requires this agency to have a procedure to investigate citizen's complaints. You have a right to a written description of this procedure. California law requires this agency to have a procedure to investigate citizen's complaints. You have a right to a written description of this procedure. This agency may find after investigation that there is not enough evidence to warrant action on your complaint; even if that is the case, you have the right to make a complaint and have it investigated if you believe an officer behaved improperly. Citizen complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.

It is against the law to make a complaint that you know to be false. If you make a complaint against an officer knowing that it is false, you can be prosecuted on a misdemeanor charge.

PRINT NAME: FIRST, LAST SIGNATURE / / DATE

SHERIFF'S PERSONNEL TO COMPLETE THE INFORMATION BELOW THIS LINE

Sheriff's employee who received complaint: _____ Star#: _____

Date: ___/___/___ Time: _____ Facility/Unit: _____

Case #: _____

Photos: Y N Recorded interview: Y N Medical records release: Y N Assisted with written statement: Y N

Complainant was able to identify subjects by name or star number at the time of interview: Y N

Complainant was given a copy of written complaint: Y N

Case #: _____