Office of the Sheriff
City and County of San Francisco
Compliment a Deputy Sheriff

Name: _____Telephone:_____

Address:_____

STREET (APT # IF APPLIES)

City:_____ State:_____ Zip:_____

Names and I.D. numbers of employee(s) involved (if known)

_____

_____

_____

Details:

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.

_____

_____

_____

_____

_____

I have read and understand the above statement.

_____ _____ _____/_____/_____

Print Name L SIGNATURE DATE

Return this form to: San Francisco Sheriff's Office
One Dr. Carlton B Goodlett Place
San Francisco, CA 94102