



City and County of San Francisco Adult Probation Department

Hall of Justice
880 Bryant Street, Room 200
San Francisco, CA 94103
Phone 415-553-1706
Fax 415-553-1771

Karen L. Fletcher
Chief Adult Probation Officer

APD-80

Welcome to the San Francisco Adult Probation Department. Any person has the right to file a complaint against either the Department or an employee of the Department. The complaint process is designed to investigate the allegations of Department clients or the public and to make a determination of fact as to any wrongdoing. Although complaints cannot always be resolved to a citizen's satisfaction, all investigations are conducted objectively, with a goal of maintaining public confidence and Departmental integrity.

If you need assistance with this form, including language assistance, please contact the Department's Records and Reception Desk (415-553-1706).

How to File a Complaint

You may file a complaint by telephone, letter, or in person. Please complete the complaint form and return it to:

Karen L. Fletcher, Chief Adult Probation Officer
880 Bryant Street, Room 200
San Francisco, CA 94103

If you wish to make an anonymous complaint, you do not need to put your name or contact information on the form. However, please keep in mind that an anonymous complaint may be more difficult to investigate.

Complaint Procedure

The Chief Adult Probation Officer will personally review your complaint and determine how to proceed. If a formal investigation is conducted, it will be completed within six months unless exceptional circumstances, such as legal proceedings, require additional time. The Department will contact you to acknowledge receipt of your complaint, and will notify you of the disposition within 30 days of the disposition. Documentation of the complaint – and any investigation – will be retained for five years.

Complainant Information

Your Name _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____ Alternative Phone Number _____

Email Address _____

Incident Information

Date of Incident _____ Time of Incident _____

Location of Incident _____

Name of employee you are filing complaint against, if known _____

Witness _____ Phone _____

Witness _____ Phone _____

Please describe the incident:

Please describe your desired resolution:

Complainant Signature

Date

This Section for Internal Use Only

Receiving Staff Member Name (Print)

Signature

Date

Complaint Log Number: _____