

Department of Police Accountability

YOU MAY ALSO COMPLETE THIS FORM ONLINE at <http://policecomplaints.sfgov.org/>

INSTRUCTIONS FOR COMPLETING THIS FORM: Please complete this form to the best of your ability. We will contact you to follow-up. If you do not have a telephone number, please explain the best way to contact you. If you have questions or need help, please call the **DPA at (415) 241-7711**, between 8:00 a.m. and 5:00 p.m., or leave a message with our answering service after 5:00 p.m. We provide interpreters at no charge.

Today's Date / Time	Preferred Language	Case No. (DPA Use Only)
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Last Name	First Name	Middle Name

Home Address:	Street		Apt.
City	State	Zip Code	
Work Address:	Street		Suite
City	State	Zip Code	



Home Phone		Birthdate	
Mobile Phone		Gender	
Work Phone		Ethnicity	
Email		Occupation	

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DPA Use Only

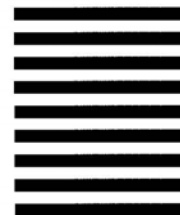
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OFFICES LOCATED AT:
 25 Van Ness Avenue, Suite 700
 San Francisco, CA 94102



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City and County of San Francisco
Department of Police Accountability
 101 South Van Ness Avenue
 San Francisco, CA 94103-9868



Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)							
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Incident Report or Citation No.	 Department of Police Accountability
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Please print your narrative. Explain what happened from beginning to end. Be specific as to the nature of your complaint. Include the who, what, where, when and why of the incident. If known, please provide the officers' names and star numbers. If unknown, please provide physical descriptions of the officers.

If you need additional space, use separate sheets of paper and attach them to the complaint.

Narrative of Incident: Page 1 of	

Complainant Signature / Date:	Taken by (Name / Star # / Unit / Date):
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Occurrence Date & Time	Occurrence Location	Case No. (DPA Use Only)							
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