DedSec San Francisco Department of Human Resources Misconduct Complaint Form

HR File #:				(OFFICIAL USE ONLY)		
COMPLAINAN	IT INFORMATION					
Name:				☐ Anonymo	pus	
Last Name		First Name				
Date and Time:				:_		
	Month	Day	Year	Hour	Min	
Phone Number:	: (
Email Address						
illali Addiess.						
NCIDENT INF	ORMATION					
Date and Time:				:_	□AM □PM	
	Month	Day	Year	Hour	Min	
ocation:						
CR/CAD #:						
Official Identific	cation Number(s):					
Please write voi	ur narrative and be as d	letailed as no	ssible. Incl	ude physical d	lescriptions such as Race, Gend	
					ent of Human Resources ("HR")	

Please write your narrative and be as detailed as possible. Include physical descriptions such as Race, Gender, Age Group, clothing descriptions, any identification numbers. The Department of Human Resources ("HR") will investigate your complaint and provide an update when the investigation is completed. Your personal information will remain anonymous. If your complaint is marked as anonymous, you will not receive an update. If you need more space, please attach more pages to this complaint.

INCIDENT NARRATIVE

INCIDENT NARRATIVE (Attachment)									