

DedSec San Francisco Department of Human Resources Misconduct Complaint Form	
HR File #:	(OFFICIAL USE ONLY)

(OFFICIAL USE ONLY)

☐ Anonymous

AM PM

Phone Number: (____) ____ - ____

Email Address: _____

 AM PM

Location: _____

ICR/CAD #: _____

Official Identification Number(s): _____

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 (Attachment)
