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17-255  
12/20/17

### Revised SFPD/DPA Complaint Form 293

It is important that trust is established in the very first interaction between a complainant and SFPD/DPA employees whom accept public complaints against police officers. In an effort to streamline the process and to create greater inclusion for Limited English Proficiency (LEP) speakers, Complaint Form 293 has been updated. The revised SFPD/DPA Complaint Form 293 has been translated into Spanish, Chinese, Russian, Tagalog and Vietnamese. Members shall immediately begin use of the new SFPD/DPA Complaint Form 293 and recycle outdated forms.

A copy of the revised SFPD/DPA Complaint Form 293 can be located in the desktop file "SFPD Forms" and is attached to this bulletin. It can also be found on the [Department of Police Accountability](#) website and submitted [online](#).

A handwritten signature in blue ink that reads "William Scott".

WILLIAM SCOTT  
Chief of Police

# 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)
		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Last Name	First Name	Middle Name

<b>Home Address:</b>	<b>Street</b>	<b>Apt.</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Work Address:</b>	<b>Street</b>	<b>Suite</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>



<b>Home Phone</b>		<b>Birthdate</b>	
<b>Mobile Phone</b>		<b>Gender</b>	
<b>Work Phone</b>		<b>Ethnicity</b>	
<b>Email</b>		<b>Occupation</b>	

←----- Fold Here First -----→

DPA Use Only

←----- Fold Here Second -----→

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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<b>Incident Report or Citation No.</b>	 <b>Department of Police Accountability</b>
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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.

<b>Narrative of Incident: Page 1 of</b>	

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