

**DedSec San Francisco - Human Resources Agency
Misconduct Complaint Form**

HR File #:

(OFFICIAL USE ONLY)

COMPLAINANT INFORMATION

Name:

ANONYMOUS

Date and Time:

Phone Number:

Email Address:

INCIDENT INFORMATION

Date and Time:

Location:

ICR/CAD #:

Official Identification Number(s):

Please write 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 members' names and ID# numbers. Please provide physical descriptions of the members and any other identifying information if unknown.

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

Your personal information will remain strictly anonymous. Pursuant to our policies.

We investigate all Internal Misconduct Complaints and we vigorously review them. If it is determined that a violation occurred according to our Rules & Statutes, DedSec would apply all appropriate steps to discipline the member.

You will be contacted by a DedSec HR official to update you on the status of your complaint. If the Complaint is Anonymous, you will not receive an update.

INCIDENT NARRATIVE

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