The UCSF Police Department welcomes valid complaints about the department’s service or its personnel. Your constructive comments provide an open channel of communication between the department and the campus community. The purpose of this policy is to ensure thorough investigation of all complaints submitted to the department by members of the campus community.

Any complaint can be made without giving your name. Understandably, you cannot be informed as to the result of your complaint if you remain anonymous. However, if you make your identity known, you will be advised of the disposition of your complaint. After a thorough investigation, your complaint will be classified with one of the following dispositions:

**Sustained** When the investigation discloses that the act reported did occur and constituted misconduct or improper job performance.

**Not Sustained** When the investigation discloses insufficient evidence to clearly prove or disprove the allegations made.

**Exonerated** When the investigation indicates the act occurred, but the act was justified, lawful, and proper.

**Unfounded** When the investigation indicates the act complained of did not occur.

To Submit a Complaint:

1. Mail enclosed complaint form to:
   
   Mike Denson, Chief of Police  
   UCSF Police Department  
   654 Minnesota Street  
   San Francisco, CA 94143 – 0238

2. Online:
   
   http://police.ucsf.edu/contact-us/citizen-report-form

3. In person, at the following locations:
   
   1855 Folsom Street, Room 145  
   654 Minnesota Street, Room 180

4. Call the Watch Commander:
   
   (Cell) 415-460-5867  (Office) 415-476-4020

5. Call the Office of the Chief of Police:
   
   415-476-5455

Office of Public Safety: 415-476-8871
Mailing Address:
UCSF Police Department  
654 Minnesota Street  
Room 180, Box 238  
San Francisco, Ca 94143
Website: http://police.ucsf.edu
Email: police@ucsf.edu
Non-Emergency / 24 hour (TDD):
6-1414 (From a Campus Phone)  
415-476-1414 (From a Non-Campus Phone)
Emergency
9 + 911 (From Campus Phone)  
415-476-6911 (From a non-campus Phone)
YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER FOR ANY IMPROPER POLICE CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS’ COMPLAINTS. YOU HAVE THE RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT. EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN COMPLAINTS AND ANY REPORTS OR FINDINGS RELATED TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.

IT IS AGAINST THE LAW TO MAKE A COMPLAINT THAT YOU KNOW TO BE FALSE. IF YOU MAKE A COMPLAINT AGAINST AN OFFICER KNOWING THAT IT IS FALSE, YOU CAN BE PROSECUTED ON A MISDEMEANOR CHARGE. 148.6 (B ) P.C.

I HEREBY CERTIFY THAT THE ABOVE FACTS ARE TRUE AND CORRECT. I ACKNOWLEDGE THAT UNDER CALIFORNIA CIVIL CODE 47.5, CIVIL ACTION CAN BE BROUGHT AGAINST ME FOR KNOWINGLY FILING A FALSE COMPLAINT.

I HAVE READ AND UNDERTOOD THE ABOVE STATEMENT.

SIGNATURE ____________________________
DATE ________________________________

Please describe what happened. Attach as many additional sheets as necessary.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you believe this incident was an act of profiling? No Yes*
*If so, please mark one or all that apply:
☐ Race or Ethnicity
☐ Nationality
☐ Religion
☐ Age
☐ Gender
☐ Gender Identity/Expression
☐ Sexual Orientation
☐ Physical Disability
☐ Mental Disability

Contact Information
Name ________________________________
Address ________________________________
(City) ___________ (State) ___ (Zip) ______
Email ________________________________
Phone Numbers:
Cell ________________________________
Home ________________________________
Work ________________________________

Incident Information
Date/Time ________________________________
Location ________________________________

Officers Involved
Name(s) ________________________________
Badges #(#s) ________________________________
Cars #(#s) ________________________________

Witness Contact Information
Name(s), Phone #(#s) ________________________________

______________________________________
______________________________________
______________________________________