

City and County of San Francisco Shelter Monitoring Committee

Complaint Form [DRAFT]

Date:					
Complainant N	ame:				
	t like your name to b)	
	·				
Email:					
Site (name of S	helter and/or addre	ss):			
Names of staff/o	other clients involve	ed (If you don't	know names, ple	ease describe	
<i>people</i>):					
					
Complaint Deta	ails (facts of what ha	appened, when	, where, etc.):_		
What would yo	u like to see happen	here? Could	this issue be res	solved to your satisfac	ction? How?
Received by _	(SMC) on			SMC File #	_
	(initial)	(date)			
Site notified of complaint by	(SMC) on _				
Continued on I	Reverse <				REV. 04/24

The Shelter Monitoring Committee (SMC) has received this complaint regarding conditions/events at your shelter site. The complaint indicates a breach of the San Francisco Administrative Code's Standard of Care (Sec.20.404.), specifically the following:
Please review the Complainant's statement and respond to the Shelter Monitoring Committee with proposed action steps to resolve the issue within 3 days (72 hours). WE ARE HERE TO HELP: please let The Committee know if there are recurring frustrations around this issue or barriers to your site meeting the Standard of Care so we can be a part of your success going forward. Thank you!
Phone:(628) 652-8080
Email:shelter.monitoring@sfgov.org
Site Response:
(The Complainant will decide if the issue has been resolved to his/her/their satisfaction when the action steps have been taken. If a resolution is reached, this matter will be closed. If the Complainant or the SMC finds the matter isn't addressed to meet the Standard, an investigation will be opened. Your site will be notified of the Complainant's or the Committee's decision within 7 days of your response to this notice.)