



City and County of San Francisco  
Shelter Monitoring Committee  
Complaint Form [DRAFT]

Date: \_\_\_\_\_

Complainant Name: \_\_\_\_\_

(If you would *not* like your name to be used, please check here: \_\_\_\_\_)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Site (name of Shelter and/or address): \_\_\_\_\_

Names of staff/other clients involved (If you don't know names, please describe people): \_\_\_\_\_

Complaint Details (facts of what happened, when, where, etc.): \_\_\_\_\_

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What would you like to see happen here? Could this issue be resolved to your satisfaction? How?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received by \_\_\_\_\_ (SMC) on \_\_\_\_\_  
(initial) (date)

SMC File # \_\_\_\_\_

Site notified of complaint by \_\_\_\_\_ (SMC) on \_\_\_\_\_



