

OFFICE OF THE
DISTRICT ATTORNEY
COUNTY OF SANTA BARBARA

JOHN T. SAVRNOCH
District Attorney



KELLY A. DUNCAN
Assistant District Attorney

SONIA E. BALLESTE
Chief Deputy District Attorney

ANNE C. NUDSON
Chief Deputy District Attorney

MEGAN RHEINSCHILD
Victim-Witness Assistance Program
Director

JENNIFER KARAPETIAN
Chief Deputy District Attorney

KRISTINA PERKINS
Chief Investigator

MICHAEL SODERMAN
Chief Financial & Administrative
Officer

Procedure for Investigation of a Complaint

It is the policy of the Santa Barbara County District Attorney's Office to thoroughly and impartially investigate complaints regarding the conduct of its staff in accordance with the following procedures:

The complainant will be required to complete a complaint form, furnishing as accurately as possible all information related to the allegation(s), including the names, addresses, phone numbers, and other information of all involved parties. The complaint form is available in both English and Spanish.

The completed complaint form will be forwarded the Assistant District Attorney, who will then assign the case for investigation. The complaint will be investigated in a timely and professional manner. The investigation consists of taking formal statements from all persons concerned, as well as the gathering and preservation of all physical evidence or other information related to the incident. Each allegation will be examined on its own merits in a thorough and objective manner. The complainant will be expected to participate in any investigation.

The District Attorney will review the completed investigation. At the conclusion of the review and recommendation process, the complainant will be notified the ultimate disposition of the investigation, which will be limited to a finding of "sustained," "not sustained," "unfounded," or "exonerated."

SANTA BARBARA OFFICE
1112 Santa Barbara Street
Santa Barbara, CA 93101
Tel: (805) 568-2300
Fax: (805) 568-2453

SANTA MARIA OFFICE
312-D East Cook Street
Santa Maria, CA 93454
Tel: (805) 346-7540
Fax: (805) 346-7588

LOMPOC OFFICE
115 Civic Center Plaza
Lompoc, CA 93436
Tel: (805) 737-7760
Fax: (805) 737-7732



Complaint Form

Complainant's Full Name: _____

Residence Address: _____

Business Address: _____

Phone: _____ Sex: _____ Date of Birth: _____

Victim (if other than complainant): _____

Victim's Address: _____ Phone: _____

Incident Location: _____ Date: _____ Time: _____

DA Employee(s) Complained Against: _____

Personal Description: _____

Vehicle Description: _____

Witness #1: _____ Phone: _____

Res. Address: _____ Bus. Address: _____

Witness #2: _____ Phone: _____

Res. Address: _____ Bus. Address: _____

Does complaint involve a filed case? Yes No Case #: _____

Name(s)/Address(es) of Defendant(s): _____

Complainant's Attorney: _____ Phone: _____

Narrative of complaint (use back or additional sheet(s) of paper if necessary): _____

Complainant's Signature: _____ Date: _____

Note: Anonymous complaints will generally not be investigated. Unless the complainant includes the complainant's name and contact information, he/she will not receive a response.

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