

OFFICE OF THE  
**DISTRICT ATTORNEY**  
COUNTY OF SANTA BARBARA

**JOYCE E. DUDLEY**  
District Attorney



**JOHN T. SAVRNOCH**  
Assistant District Attorney

**SONIA E. BALLESTE**  
Chief Deputy District Attorney

**MAG M. NICOLA**  
Chief Deputy District Attorney

**MEGAN RHEINSCHILD**  
Victim-Witness Assistance Program  
Director

**KELLY A. DUNCAN**  
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 to District Attorney Joyce E. Dudley, 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  
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Fax: (805) 568-2453

**SANTA MARIA OFFICE**  
312-D East Cook Street  
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## Complaint Form

Complainant's Full Name\*- \_\_\_\_\_

Residence Address\* - \_\_\_\_\_

Business Address\* \_\_\_\_\_

Complainant Information: Sex \_\_\_\_\_ Phone\*- \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Victim (if other than complainant): \_\_\_\_\_

Victims' Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Incident Location: \_\_\_\_\_ Date:..... Time: \_\_\_\_\_

DA Staff Member Complaint 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? Case# \_\_\_\_\_

Name/Address(es) of Defendant: \_\_\_\_\_

Complainant's Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Narrative of complaint (use back or additional sheet(s) of paper is necessary) \_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Anonymous complaints will generally not be investigated. Unless the complainant includes his/her name and contact information, he/she will not receive a response.*

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