

# CLAIM AGAINST THE CITY AND COUNTY OF SAN FRANCISCO

Before completing this form please read the instructions on the back. Untimely claims will be returned. Please submit this form and supporting documentation to the Controller's Office, Claims Division, 1390 Market Street, 7<sup>th</sup> Floor, San Francisco, CA 94102 in person or by mail.

\* = REQUIRED \*\* = REQUIRED IF KNOWN

DHSH

23 - 00642

<b>1. Claimant's Name and Home Address (Please Print Clearly)</b> * David Valentin [Redacted] City [Redacted] Telephone Daytime Evening Cellular (628) 223-0392		<b>2. Send Official Notices and Correspondence to:</b> * [Redacted] City State Zip Telephone Daytime Evening Cellular	
<b>3. Date of Birth</b> [Redacted]	<b>4. Social Security Number</b> [Redacted]	<b>5. Date of Incident</b> * 07/01/2022	<b>6. Time of Incident (AM or PM)</b> ** 2:00PM
<b>7. Location of Incident or Accident</b> ** Hotel Whitcomb		<b>8. Claimant Vehicle License Plate #, Type, Mileage, and Year</b> **	

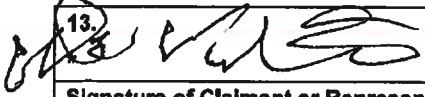
**9. Basis of Claim.** State in detail all facts and circumstances of the incident. Identify all persons, entities, property and City departments involved. State why you believe the City is responsible for the alleged injury, property damage or loss.

\* This writer picked up client's bags of clothes from the SIP hotel to bring to new placement. Staff dumped the rest of his belongings/property without anyone's approval or signage. Client is newly blind and needed assistance.

Name, I.D. Number and City Department of City Employee who allegedly caused injury or loss	Type of City Vehicle	Vehicle License Number and Bus or Train Number
** Five Keys Staff	**	**

<b>10. Description of Claimant's Injury, property damage or loss</b> * Client had his property at the SIP hotel and he was hospitalized. Due to being in the hospital, staff packed all of his belongings. Case manager from Maitri (new placement) picked up bags of clothes and SIP Hotel Staff discarded the rest in dumpster without anyone's permission.	<b>11. Amount of Claimant's property damage or loss and method of computation. Attach supporting documentation. (See Instructions)</b>  <table> <tr> <th colspan="2">ITEMS</th> </tr> <tr> <td>* Please see attached</td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td><b>TOTAL AMOUNT</b></td> <td>\$</td> </tr> </table> Court Jurisdiction: Limited (up to \$25,000) <input type="checkbox"/> Unlimited (over \$25,000) <input checked="" type="checkbox"/>	ITEMS		* Please see attached	\$		\$		\$		\$		\$	<b>TOTAL AMOUNT</b>	\$
ITEMS															
* Please see attached	\$														
	\$														
	\$														
	\$														
	\$														
<b>TOTAL AMOUNT</b>	\$														

12. Witnesses (if any) Name	Address	Telephone
1. Mickey Qiu	401 Duboce Ave	415-558-3019
2.		

<b>13.</b>  Signature of Claimant or Representative David Valentin Print Name	07/12/2022 Date Self Relationship to Claimant
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CRIMINAL PENALTY FOR PRESENTING A FALSE OR FRAUDULENT CLAIM IS IMPRISONMENT OR FINE OR BOTH. (PENAL CODE §72)

Do Not Write In This Space

RECEIVED  
 22 NOV - 1 PM 2:27  
 CITY & COUNTY OF  
 SAN FRANCISCO  
 CONTROLLER

CA/FORM 02/14

06916R

Item #11	
Items	\$
~120 Pairs of Jeans	7,000
~300 shirts	9,000
~100 long sleeve shirts	5,000
~5 Tuxedos	10,000
5 pairs gold cufflinks	5,000
50 pairs of underwear	1,150
~50 Leather Jackets	100,000
12 Inch apple ipad	1,200
Macbook	1,500
25 hats	5,000
30 pairs of boots	20,000
Total	164,850