

October 10, 2023

Dr. Tyree Robinson

Civil Service Commission  
25 Van Ness Ave., Suite 720  
San Francisco, CA 94102

Re: Supporting documents for hearing

Dear Ma'am/Sirs,

I am writing to submit supporting documents for my civil service appeals meeting scheduled for October 16, 2023, at 2:00 p.m. The documents I've included are for your review and perusal that will hopefully assist you in understanding how I was victimized and harassed by my employer of 20 years, the San Francisco Police Department, and how I suffered personal attacks of racism, gender identity, retaliation, and threats from my then immediate supervisor and by sworn and non-sworn leadership of my department.

My appeal is with hopes of having the Separation Report and Notice of Future Employment Restrictions of me being an unsatisfactory employee ineligible for employment in any other City and County of San Francisco's department removed from my personnel file. I have spent countless hours attempting to obtain justice from an unjust situation for several years. I have written letters of complaints to the Civil Service Commission, The Board of Supervisors, Department of Human Resources, and the EEOC, and have received no assistance, even when there's been obvious proof of personal retaliation and backlash, not just from the SFPD, but systemically from the City and County of San Francisco as a whole. I am looking forward to meeting with you all.

If you have any questions, my contact information is listed above; please feel free to contact me.

Respectfully submitted,

*Dr. Tyree Robinson*  
Dr. Tyree Robinson

**RECEIVED**  
2023 OCT 10 12:33:46  
**EXECUTIVE OFFICER**  
**CIVIL SERVICE COMMISSION**  
**SAN FRANCISCO**

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Senior Clerk Typist Tyree Robinson, M.A.  
Crime Information Services Division  
1245 Third St, First Floor  
San Francisco, CA 94158

San Francisco Police Department  
Internal Affairs Division (IAD)  
1245 3<sup>rd</sup> St. 4<sup>th</sup> Floor  
San Francisco, CA 94158

Re: IAD 2016-0054  
Chief's Written Warning and Retraining Order  
Letter of Rebuttal

Dear Acting Chief Sainez,

This serves as a letter of rebuttal to be added to the Chief's Written Warning and Retraining Order. There are several issues that require further clarity, as well as issues that are incorrect and unjust on behalf of the department.

The first issue to clarify is on page one where it states, "As part of your assignment, you sometimes work at the front window of CISD at the Police Headquarters." This is not the case; I work the front window daily, Monday-Friday between the hours of 3:00PM-5:00PM at a minimum. Some days I have to work at the window early, and sometimes beyond the closing time of 5:00PM due to reasons such as personnel shortage, as well as late arrivals to Headquarters. Again, part of my daily assignment is to work the front window between the aforementioned dates and times.

Having worked the window, I am quite aware of the different personalities that I am subject to encounter on a daily basis, as I have worked the window for a few years as of date. I have encountered an assortment of personalities and behaviors while working the window, ranging from very kind to being threatened; I have dealt with people intoxicated as well as those with mental health issues; however, I have never encountered someone so full of anger and hatred to the point where they have verbally attacked me because of my race, which is exactly what took place on February 12, 2016.

Throughout the letter of warning and retraining, it appears that the angry and racist man who verbally attacked me with racial slurs such as calling me names and making statements such as, "Uneducated monkey," and "Go get an education," as well as acting out these racial slurs by making verbal noises of a monkey, hopping up and down alternating feet, and putting his thumbs to his ears, while waving his fingers and making a high-pitched blubbering sound towards me, yet you call his behavior and racist epithets towards me as him using "offensive language." I feel as if you are "downplaying" his behavior and language, yet according to Penal Code 422.55PC, his attacks towards me are illegal, for he attacked my race, which caused me great trauma and distress as I attempted to do my job.

2

In regards to me not providing him with my name because of his attacks on me, I also did not provide it due to my own protection and safety concerns. This man was a suspect in a domestic violence case, in which a restraining order was placed against him by his estranged wife, for her protection as well as that of their daughter; the police report also included a property listing form, in which numerous firearms were removed from the home. Today's advanced technological culture allows people to enter a person's name into any online search engine, and vital information such as social security numbers, age, where the person works, current resident address, et cetera will be at that person's disposal. Since this man was so racist and hateful of me because of me being an African-American man, combined with his history of violence, and what appeared to be mental instability, I did not feel safe providing him with my name for the aforementioned reasons. Obviously you nor this department cares about my safety and well-being, so I felt I was justified in my decision not to provide him with my name, for I care about my own life and the protection of it.

I left the window to ask the officer, who is seated in a far corner of the lobby in the Headquarters building, where I cannot visibly see him due to separation by a wall, and asked him to remove the man from the building, for he refused to leave while I was at the window. While I conveyed what had happened to the officer, the man continued to verbally attack me racially, and was obviously very angry. Admittedly, I too at this point was irritated, yet when the man turned continued with his attack, and I did walk to the entrance/exit door of the building and said to him, "I have an education and I'm currently in school to obtain more." The man then began again with his verbal racial attacks as well as his enacting them out as aforementioned. I was upset; however, I did not use foul language, threaten, nor attempt to attack the man. If you look closely at the footage of the video it shows the SFPD officer tapping me on my left shoulder and whispering in my ear. What you then saw was not a "second officer," but a Police Cadet that I know personally outside of the department, approach me in an overly dramatic way, talking to me and attempting to push me away. If you review the footage, you will not see me attempting to lunge or attempt to break free from anyone to get to the man, and there was absolutely no struggle, nor restraint from my torso nor arms to "hold me back and calm me down."

In regards to me not being forthright with my supervisor (who was not present at all during the incident) about the entire incident is not true, and I take as an attempt to personally insult my character and integrity. My supervisor, Mr. Mark Antonio and I have had some issues, yet I have always been completely honest with him regardless of any situation, be it good, bad or indifferent, for it is not my character to lie; when I have been wrong about a situation I have and still have the integrity to apologize; Mr. Antonio is well aware of that, and if he has any moral character and integrity within himself, he can put his personal vendettas about me to the side and honestly admit the aforementioned about my character and integrity. I am well aware that there are cameras throughout the building recording, except in private areas such as restrooms, why would I withhold information or lie about the situation between the man and myself, knowing that the video footage could be viewed at any time? That would not be a very intelligent thing for me to do, for it would only cause me more trouble, and as aforementioned, it is not my character to lie.

When the man arrived back on February 19, 2016 to speak with a supervisor, Mr. Antonio failed to include in his report that the man indirectly addressed me as a person who had caused him

“grief,” “suffering,” “shame,” and “embarrassment;” since he said it in my presence, I retorted, “I did absolutely nothing to you to cause you any harm.” I did not confront this man; he confronted me, and I responded in a very calm manner.

This supposed employee who claimed to have witnessed the incident between myself and the man is questionable to me, and I feel as if it is part of a retaliatory plan on behalf of Mr. Antonio due to a previous incident in which I had written him up for his aggressive behavior and language towards me that escalated to him being investigated by the City and County’s Department of Human Resources several months ago. Why would someone who supposedly observed this incident on February 12, 2016, and be so troubled by what they witnessed, yet fail to say anything to my immediate supervisor until approximately 11 days later, which would put the date on February 23, 2016. If I personally witnessed an incident that I felt was so heinous and the cause of a hostile work environment, I sure would not wait approximately two weeks to inform a supervisor. This series of events again appear to be very suspicious, and actually does not make good sense to me, nor to any professional I have shared and inquired about such a matter with.

If you listen to my taped interview carefully, when I was asked by Sgt. Hennessey-Jones #1257 if I felt that my behavior has caused discredit to the department, my initial response was “no.” Yet during a five-minute break, my union representative Mrs. Arcelia Montoya coerced me to change my answer from “no” to “yes” stating that by me saying “no” that I could potentially receive “greater consequences.” So when Sgt. Hennessey-Jones #1257 and Acting Lieutenant Sgt. Dempsey #471 returned to the meeting room, I reluctantly changed my initial answer of “no” to a “yes.” However, I retract that “yes” and assume my position of “no,” for I feel and always have felt in my heart as if I did not “discredit” the department. If anyone was attacked, embarrassed, harassed, and berated, it was me, at the hands of an angry, racist man, in which you are attempting to make it appear as if he was not the initial aggressor, yet the victim, and that I am the aggressor; I refuse to accept that. I feel that many incidents have happened that have made the local, national, and international news in regards to bringing “discredit” to the department; and it appears that they keep their jobs and get promoted for the unethical and illegal actions that they have taken. Unfortunately, I feel as if I was discredited by you and the department.

In regards to me leaving my secured work area to have the man removed from the building, and it putting myself, co-workers, and the officer on duty at risk of physical harm, I disagree. For if the cadets working the security check point were careful of their surroundings, they would have intervened when this man was loudly attacking me and escorted him out without me having to leave my work position and ask the non-visible officer to do so. The cadets on duty heard and saw the man verbally attacking me; they have all been interviewed I am sure, and none of them did anything besides observe. The officer is trained and has techniques and defense mechanisms in which he could have used to remove the man from the building, yet he did not, and took his time doing so as well.

I do not agree with the decision that my responses to a man attacking me, a man of color, with racial slurs and behaviors warrants a written warning in my personnel file, for this could prevent me from transferring, as well as being promoted. I feel this decision is unjust, for I have been an

4



employee with the SFPD for over 15 years, and I have never had any issues that resulted in any Internal Affairs investigations nor disciplinary action.

In response to the non-disciplinary retraining order, I have issue with the word “retrain,” for how can I be retrained on subjects that I have never received initial training? I was unaware that it is in the Department General Orders that public service workers must provide their names when requested. However, I do look forward to be trained on department policies and procedures, as well as how to effectively work with an angry racist who attacks me out of them not getting what they came for, and attacking my race as a result of it.

If you are not an African-American male, you will never understand my experiences as being one. Maybe you are not aware; however, but African-American’s have not only been referred to as the “N” word, but also as monkeys, apes, gorillas, coons, uneducated, lazy, unable to learn and retain information, violent, and the list goes on and on. Being attacked because of my race is completely different than being attacked because of my character or attitude. I was attacked from a place of hate, and you and the department has validated this man’s actions as being acceptable. It saddens me that as a result of the incident with this man that I do not have the support of my department, and that I cannot trust the people within it either. Hopefully the mission of the SFPD, “To protect and serve” will one day be applicable to employees who are under attack for what they were born as, and learn to decipher between the true aggressors and victims, and respond accordingly.

Submitted,

Tyree Robinson, M.A.  
Senior Clerk Typist

CC: Deputy Chief Mikail Ali  
Captain Eric Vintero  
Staff Services  
Internal Affairs Division

5



POLICE DEPARTMENT  
CITY AND COUNTY OF SAN FRANCISCO

HEADQUARTERS

1245 3<sup>RD</sup> STREET

SAN FRANCISCO, CALIFORNIA 94158

March 25, 2016



EDWIN M. LEE  
MAYOR

GREGORY P. SUHR  
CHIEF OF POLICE

Senior Clerk Typist Tyree Robinson  
Crime Information Services Division  
1245 Third Street, First Floor  
San Francisco, CA 94158

Re: IAD 2016-0054  
*Chief's Written Warning and Retraining Order*

Dear Mr. Robinson:

The Crime Information Services Division (CISD) recently reported to the Internal Affairs Division (IAD) that you behaved inappropriately with a member of the public at the front window of your unit. After a diligent investigation was completed by IAD, I have sustained that allegation. By this letter, I am giving you a Written Warning not to repeat this misconduct.

The sustained incident which resulted in this Written Warning was as follows:

As part of your assignment, you sometimes work at the front window of CISD at the Police Headquarters. The front window is where members of the public can make requests for documents, such as police reports. All sorts of members of the public come to that window; some are courteous, some are victims of crime who are very upset or angry, and some are difficult to deal with. Being able to remain polite and calm is a key job duty for those employees working at that window.

While you were working at the window on or about February 12, 2016, a man came to the window asking for a police report. You assisted him. During your conversation, the man began to use offensive language, including racial slurs. Naturally you were upset by this. He asked for your name, which you declined to provide because his conduct was so inappropriate.

The man's conduct escalated to the point that you felt you needed the help of security personnel to escort the man out the building. You left the window, walked out into the lobby near the man, and talked to an officer stationed at the front door to help escort the man out. The man continued to be very upset and animated, but the officer you talked to escorted him out of the building, and you walked back towards your window.

However, video taken from security cameras in the lobby of the Police Headquarters shows the man continued to yell and point in your direction as he was escorted out of the building. You briefly came back from the window to the front door, clapped, and gestured at the man, provoking him further. A second officer had to hold you back and calm you down as the first officer stayed with

6

the man outside the front doors and tried to get him to leave.

On February 16, 2016, you mentioned your concerns about this particular member of the public to your supervisor. You did not mention that you had left the window, followed him to the exit, and that a police officer had to hold you back and calm you down. Instead, you only mentioned that the man had been hostile and rude, which was true. Your supervisor reminded you that both he and a Sergeant at CISD could help in the future if this sort of incident occurred again. Because your supervisor was not yet aware that you had left the window, he took no action on that issue at the time.

On February 19, 2016, you and your supervisor noticed that the man had returned to the front window. Your supervisor told you that he would help this man himself, so that you need not confront him again. Your supervisor then helped the man at the window, who was calm but again used disparaging remarks to refer to you.

On or about February 23, 2016, your supervisor received an allegation from another employee you had left the window and engaged this man on February 12, 2016. He then reported the matter for investigation. IAD discovered the video described above on or about March 1, 2016.

You have since admitted in your IAD interview that your conduct on February 12, 2016, brought discredit upon the Department, and that you intentionally did not provide your name when asked.

Department General Order (DGO) 2.03(D)(2), defines a "member" of the Department as follows:

*"2. MEMBER. All sworn officers and all non-sworn employees of the San Francisco Police Department to the extent permitted by law."*

Therefore, as a non-sworn member of the San Francisco Police Department, the Department General Orders also apply to you. In particular, you are subject to Rules 9 and 14 of DGO 2.01, which state, in part:

*"9. MISCONDUCT. Any breach of peace, neglect of duty, misconduct or any conduct by an officer either within or without the State that tends to subvert the order, efficiency or discipline of the Department or reflects discredit upon the Department or any member, or is prejudicial to the efficiency and discipline of the Department, although not specifically defined or set forth in Department policies and procedures, shall be considered unofficer-like conduct subject to disciplinary action."*

*"14. PUBLIC COURTESY. When acting in the performance of their duties, while on or off duty, members shall treat the public with courtesy and respect and not use harsh, profane or uncivil language. When requested, members shall promptly and politely provide their name, star number and assignment."*

Clearly the behavior of this particular member of the public was inappropriate, and you had good reason to be upset.

However, your decision to leave the security of the front window and come out into the lobby put you at risk of physical harm. You co-workers then had to put themselves at risk, too, to calm the situation and ensure you remained safe. This conduct was therefore a "breach of the peace," as described in Rule 9. It was also conduct "prejudicial to the efficiency" of the Department, as described in Rule 9, because it unnecessarily put you and other members at risk of harm. Your decision to follow the man to the front door after officers began to escort him out also brought discredit to the Department.

The window is designed to protect you in situations like this one. In the future, it is important for your own safety and that of your co-workers that you stay behind the window if a member of the public behaves inappropriately. If the situation escalates to the point that you are unable to stay calm, get a supervisor or a member of the security staff in the lobby to help, but never walk out into the lobby yourself to confront the person.

It is also important to remember that you must provide your name upon request to members of the public whom you are assisting, regardless of their conduct. Again, if their behavior escalates beyond your ability to handle, call for a supervisor, but still provide your name if asked.

#### WRITTEN WARNING

While I have decided to sustain the allegations described above, I also find that a disciplinary suspension would not be appropriate in this case. First, you have no prior history of formal discipline. Second, the conduct of this member of the public was understandably upsetting. That said, it was a significant mistake to enter the lobby, and to further engage the man as he left.

I have therefore decided to issue only this Written Warning. Repeated violations will result in greater discipline than this Written Warning.

I order that this Written Warning be included in your personnel file. Because you are a member of SEIU Local 1021, Paragraph 617 of your MOU gives you the option of attaching a written response to this document for inclusion in your personnel file, if you wish. Such a response must be delivered to the Internal Affairs Division on the Fourth Floor of the Police Headquarters within thirty (30) days of your receipt of this Written Warning.

8

Senior Clerk Typist Tyree Robinson  
Page 4 of 4  
March 25, 2016

NON-DISCIPLINARY RETRAINING ORDER

Separately from the above Written Warning, I also order that your supervisors arrange to retrain you on the policies and procedures described above. This order for retraining is not a form of discipline and is not subject to the disciplinary grievance process or the rebuttal process described above.

I urge you in the strongest possible terms to observe the rules of the Department as they pertain to the performance of your duties in a careful and responsible manner. Be mindful that if you repeat any of the above behaviors, each such incident can be the basis for imposition of discipline, including but not limited to suspension or termination of employment.

Sign, date and return the enclosed copy of this letter to the Internal Affairs Division immediately to acknowledge that you received this letter.

Sincerely,



**HECTOR SAÍNEZ**  
Acting Chief of Police

/jwa

cc: Deputy Chief Mikail Ali  
Captain Eric Vintero  
Staff Services  
Internal Affairs Division

9

June 29, 2016

Tyree Robinson, M.A.  
1426 Senior Clerk Typist  
SFPD Headquarters  
1245 3<sup>rd</sup> St.  
San Francisco, CA 94158

Re: Ms. Arcelia Montoya/IAD 2016-0054

Dear Mr. Canham,

This letter serves as an official letter of complaint against Ms. Arcelia Montoya, who was the union representative for my case #IAD 2016-0054. Ms. Montoya was assumed representation of my case in which I was accused of "conduct unbecoming of a member." The incident took place on February 12, 2016 in the lobby of SFPD Headquarters CISU, when I was approached by a Caucasian male requesting a police report; due to the fact that he was the suspect of a domestic violence case I was unable to release the report to him at the time, for it had to be approved for released by the Domestic Violence Unit. As a result of me not releasing the report, the man began to racially attack me by calling me names such as "ignorant monkey," telling me to "go get an education," as well as making animalistic gestures such as hopping up and down while alternating feet, as if he were insinuating that I was a monkey. The incident escalated to the point of officers having to remove the man from the building. My supervisor, Chief Clerk Mark Antonio was not present that day; however, upon his return I explained the situation to him.

The first week of March I received a written notification that I was being investigated, so I inquired of my fellow colleagues as to who our union representative was, for I have never been in trouble requiring union representation prior to this incident. When I found out that it was Arcelia Montoya, I immediately emailed her to talk with her about the situation and how she could support me in this case. From our very first conversation Ms. Montoya did not appear to offer her support to me as a member; however, her allegiance appears to be with SFPD management, particularly to Chief Clerk Mark Antonio, as it has been brought to my attention that they are good friends, as well as a union shop steward, and that she has been actively advocating for him to become the lead shop steward. Knowing all of this, Ms. Montoya should have not accepted this case, for her relationship with Mr. Antonio automatically makes her representation of me, or lack thereof, a major conflict of interest, as well as illuminates her biases towards me and her allegiance to her friend and colleague Mr. Antonio.

My Internal Affairs interview date was scheduled for March 15, 2016, Ms. Montoya did not meet with me until the day prior to the interview, and only for a short while. She essentially told me that I was wrong for leaving my post to have the man who attacked me removed, failing to give him my name, and for further engaging him in conversation; all of this after I had repeatedly told her the entire story. She told me that they would more than likely find me guilty, and that I would be punished in some form or fashion. On March 16, 2016, as we were getting onto the

10

elevator to attend the IA meeting, she said to me, "I usually don't do these meetings, shop stewards do this." I took this as if she was saying that I should be grateful to have her representing me, when in all actuality, she caused me more harm than good. During the interview, she said very little; as a matter of fact, she said nothing in my defense. The last question I was asked by the sergeants conducting the interview was, "Do you feel as if your actions were a discredit to the department?" My response was, "No I do not, for I was the one attacked because of my race; not my character by a man who obviously has hatred in his heart towards people of color." Ms. Montoya asked for a five-minute recess, and when she and I were alone in the meeting room, she told me to change my answer from "no" to "yes," because I was more likely to receive a harsher punishment since I said that I did not believe I was a discredit to the department. Out of fear of harsh consequences, I changed my last statement to "I can see how someone observing the interaction between the man and myself may perceive it as being unprofessional." At this point it was clear to me that Ms. Montoya obviously was not the support that I needed, and that her commitment was to SFPD management versus me, the member she was supposed to be supporting.

The decision came that I was guilty of misconduct, and my punishment was a written warning in my personnel file for the next three years. I expressed my displeasure immediately to Ms. Montoya on numerous occasions, and her reply was "Well at least you got the least amount of consequences, you could have gotten more." I expressed to her that I felt the decision was unjust and inequitable, for in the written decision it was acknowledged that the man did in fact hurl racial insults and gestures towards me; however, his behaviors were listed as "inappropriate" while my response, which was not in any way, shape, or form threatening; I did not use inappropriate language, nor was there a physical altercation. I further expressed to Ms. Montoya that the decision had the potential to prevent me from promotional and transfer opportunities within the City and County of San Francisco; however, her response was always statements such as the aforementioned, to get me to agree with her that a letter in my personnel file was a fair consequence.

I informed her that I would be writing a rebuttal letter, and she told me not to do so at the time, and that she would request to look at the surveillance video. At this point I did not Ms. Montoya anymore, so I wrote the letter anyway. Every time I sent her an email in regards to moving forward with grieving the decision made, she would not return my calls or emails. I recently met the Union's President Mrs. Monica Wheaton-Howell, and we briefly talked. Apparently Mrs. Wheaton-Howell and Ms. Montoya had a conversation about me, for that same evening, after sending Ms. Montoya many emails that she did not respond to, she finally returned my call. Again, all she wanted to talk about was to attempt to get me to see the outcome and consequences of the decision from her perspective. When I asked her about filing a grievance, she said, "That time has already passed, you only have 15 days from the date of the decision to file a grievance, so there is nothing that you can do." It was her responsibility to inform me of that when I received the written decision, and not one time did she do so.

I am completely convinced that Ms. Arcelia Montoya has a vested interest in representing SFPD management instead of the members and service fee payers that pays her salary. I no longer trust her, nor do I trust my immediate supervisor, and her friend, Chief Clerk Mark Antonio. I do believe that they are in collaboration to create this image of me as being an "angry black man."





As of right now, I no longer want Ms. Arcelia Montoya working on my case, for I do not need any further sabotage from her. I am also requesting that a thorough investigation and consequences of her actions into how my case was handled by her to take place, for obviously many things went wrong; the mere fact that she agreed to take the case in which her friend Mr. Mark Antonio initiated was wrong. I am angered not only by the situation of being racially attacked by this man who could not receive what he wanted due to me having to follow proper protocol; however, I am disgusted with the lack of support of Ms. Arcelia Montoya. I have suffered as a result physically and emotionally with recurring health issues as a result of the mishandling of this case.

I hope this can and will be rectified as soon as possible, and as amicably as possible, for I am ready to file a complaint with the EEOC, as well as securing the services of an attorney at law to investigate this issue, for not only were Ms. Montoya's actions unprofessional and manipulative, they were unethical, and illegal. Whatever her rationale or logic for conducting my case in the very poor fashion that she did was due to a personal vendetta against me or not; however, this experience with her has made me realize that I do not trust her and her representation of SEIU 1021, and it angers me that I am giving money to an agency who has such an incompetent and conniving person on staff; however, I have learned to be my best advocate, and that I will continue to do. It is extremely unfortunate for SEIU 1021, for with representatives who conduct business as Ms. Montoya does is one reason why there is less membership, and more service fee payers. If we do not have representatives that are trustworthy and credible leaders, why would people invest into a system that set them up for sabotage and failure? It is really a sad situation for me, for the union receives money from my paycheck before I do, and for me not to receive the proper representation that I pay for and deserve is well beyond any discernable reason to me. Not being able to trust those I work for is one issue; however, not being able to trust the union who should be representing me is reprehensible. Your prompt attention and response to me regarding this matter will be greatly appreciated.

Submitted,

Tyree Robinson, M.A.  
1426 Senior Clerk Typist

July 14, 2016

Tyree Robinson, M.A.  
1426 Senior Clerk Typist  
SFPD Headquarters  
1245 3<sup>rd</sup> St.  
San Francisco, CA 94158

Roxanne Sanchez  
SEIU Local 1021 President  
350 Rhode Island St. Suite 100  
San Francisco, CA 94103

Re: IAD 2016-0054

Dear Ms. Sanchez,

I am writing you this letter to inform you of how my case (number provided above) was mishandled by Ms. Arcelia Montoya, as well as her supervisor Mr. David Canham. I am also requesting a meeting in person with yourself, the aforementioned persons, as well as Chapter President Mrs. Monica Wheaton-Howell, as it appears that the time, thought, and energy that I invest in preparing written correspondences has not produced favorable, and no responses from two of the three above-mentioned parties: Ms. Montoya and Mr. Canham.

Please see the attached documents, as they will give you a greater understanding as to what has happened in the passed few months to today's current dilemma. After a lengthy process of IAD litigation and the subsequent attempts to seek equitable justice for myself, after I was the victim of a man who entered my place of employment and because he could not immediately receive the police report of domestic violence, in which he was the suspect, he verbally attacked me because of my race at SFPD Headquarters on February 12, 2016. He made statements such as "Go get an education you uneducated monkey." He repeated this statement numerous times in a loud voice, and even began to imitate monkey gestures and sounds towards me. Ms. Montoya was assigned to my case. She was very evasive and nonchalant about my case from the very beginning because unbeknownst to me at the time, my immediate supervisor Mr. Mark Antonio, who is a union shop-steward (and the one who initiated the IAD investigation) is a good friend of Ms. Montoya's, and it has been brought to my attention that she has been actively advocating for him to become the lead shop steward for SFPD. With that being said, Ms. Montoya should not have taken on my case, for it is common sense to any professional that this situation is an obvious conflict of interest, and that it is very difficult to remain impartial and fair in situations in which our close friends and family are involved. Ms. Montoya proved very early on in my case that her allegiance was not to me as a member, but to her friend Mr. Antonio, who has a personal vendetta against me, and used this retaliatory move because I had previously filed a written complaint that was investigated with the City and County of San Francisco's Human Resources Department due to his bad and confrontational temper, and a racial slur he had directed towards me.

13

I have several emails in which I can make available to you in which I reached out to Ms. Montoya out of fear of the potential consequences that could be imposed upon me, as well as the ones that were when the decision from IAD was reported to me that I was found guilty of misconduct, and a letter of Written-Warning and Order for Retraining be added to my personnel file for the next three years. Ms. Montoya was satisfied with the outcome; however, the outcome did not affect her directly, it affected me.

Ms. Montoya was very unethical, disrespectful, and disregarded my feelings and suggestions as to how I wanted to grieve the process of the IAD's decision. During telephone conversations she tried to convince me numerous times to be content with their decision by making comments such as "You should be glad that you only received a letter in your personnel file; you could have received a suspension." I expressed my disagreement and disappointment with the letter being in my personnel file for three years, for it could prevent me from transfer and promotional opportunities within the City and County of San Francisco; Ms. Montoya's response was "Three years isn't a long time for the letter to be in your file." On a similar occasion she made a similar statement about how lucky I was to have received a light punishment, especially since I've had been in trouble in the past regard my bad temper. When I asked her if it was Mr. Antonio who made this statement, her reply was "Yes He did."

The very last conversation I had with Ms. Montoya via telephone, she was trying to yet convince me again to accept the decision IAD had made and to see it from her perspective. I told her that I had lost all trust and respect for her, and that I did not want her to handle my case anymore. I then enlisted the assistance of Mrs. Wheaton-Howell. I have been satisfied with her frequent communication with me as well as the department to get the letter removed from my personnel file.

On June 29, 2016 I emailed Mr. David Canham a letter of complaint against Ms. Montoya (which is attached), and addressed why I thought my case was handled poorly, unethically, and even illegally by her, as she attempted to sabotage my case by providing little support, very little investment of her time and efforts to work successfully on my behalf. I also sent the letter U.S. Postal Service Certified Mail on July 5, 2016, and it was signed as having been received on July 6, 2016 by Mr. or Ms. Sisneros. To the date in which this letter is being compiled, I have yet to receive an email or telephone call from Mr. Canham, which not only gives me a very negative view of his lack of professionalism as a person, but it gives me great fear that people who do business like Mr. Canham and Ms. Montoya are in positions of authority within Local 1021, in which I have absolutely no faith in, and if I had the option to not even be a fee-payer I would opt not to do so.

During our last telephone call I asked Ms. Montoya what was she willing to do to assist me with the grievance process to get the letter removed from my file; her response was, "You only have 15 days from the day you receive the decision from IA to file a grievance, and you're well past that date, so there's nothing that can be done." Again, this speaks to her level of unprofessionalism, lack of commitment, and unethical behavior, because she never told me verbally or in writing that I only had 15 days to grieve IAD's decision. So the questions that I would like answered is why all of a sudden, from April 2016 to July 2016 has there been a

change of mind and a grievance in which I was told I only had 15 days to file was written on July 8, 2016? I would also like to know why were my verbal and written request to have Ms. Montoya removed from my case not respected, as she was the one to write the grievance?

I am not ignorant of the schemes of Ms. Montoya's mishandling of this case, nor of Mr. Canham's obvious plan to cover up her mishandling by having her write the grievance out of fear that there is a great possibility that I would be seeking legal counsel, going to the media, and/or filing a grievance with an agency that will investigate Local 1021's handling of my case. The letter has been removed from my personnel file; however, it was due to the hard work and constant communication between Mrs. Wheaton-Howell and SFPD Attorney Ashley L. Worsham. So the writing of the grievance by Ms. Montoya only further proves the point that there was an attempt to cover up the inappropriate conduct.

You may be wondering why I am still upset if the letter has been removed from my file. I am happy about that; however, I am not happy about lies and unethical behaviors being covered up. It is my hope that people will be held accountable for their wrong doings, for none of us are above reproach and correction. I would also like to see policies and procedures around the issue of equity and race to be addressed, changed, and enforced. There is no reason why I have been victimized three times since February 12, 2016. 1. By the racist man. 2. By my department who said his behavior was racist, but "inappropriate," yet my response to him was a discredit to the SFPD. 3. The union has victimized me more than helped me.

Local SEIU 1021 receives their fees before I ever see my paycheck, and the poor support that I received from Ms. Montoya and everyone else that has attempted to sabotage and cover up mistakes instead of owning them has only resulted in more mistrust and lack of respect for what the union claims to stand for. Ms. Montoya, Mr. Canham, nor any other person who is not an African-American male will never understand the pain, suffering, and humiliation that I endured as I was attacked on February 12, 2016. The man did not attack my attitude, character, nor refer to me as unprofessional and rude; he attacked me in an area that I had nothing to do with, the color of my skin. If the situation was reversed and I attacked his race, I would have been accused of hate crimes and other legal charges. What saddens and angers me the most is that I pay money bi-weekly to an organization that supposedly stands for equality and justice, yet the representatives there seems to uphold what the man did. Unfortunately, I feel the same emotions towards SFPD, who's mission is to "protect and serve." Well we all know how law enforcement is behaving unbecoming of what their missions are, and it's unfortunate that they too have lost my trust and respect.

As an educated African-American male with a Master's degree, and who is currently a doctoral candidate, my time is very valuable, and I don't have much of it to waste, and this is my last time I'm reaching out to the Local 1021 with hopes of resolving this issue. I am requesting a meeting with yourself Ms. Sanchez, Mr. Canham, Ms. Montoya, and Mrs. Wheaton-Howell to be scheduled and had as soon as possible with the hopes that each party will be able to express their feelings and roles in the mishandling of my case, and hopefully there will be an opportunity for truth to prevail, for hope to be restored, and perhaps reconciliation of differences, as well as a collaborative effort to fight battles of injustice and inequitable treatment to our members and

within our communities. I can be reached via email and/or telephone that is on my email's signature line. I look forward to speaking and meeting with you very soon.

Regards,

Tyree Robinson, M.A.

On November 5, 2018, Mark Antonio and Sergeant Stephen Smalley came into my office to harass me. I had been undergoing an Internal Affairs investigation (that I believe was done out of retaliation), and they arrived to bring me the results. This particular day I was not feeling well, as I have several medical conditions, for which I am under a physicians care constantly; however, the years of harassment and a toxic work environment has caused periodic flare ups of the conditions. When I looked at the results and saw that it was recommended that I be suspended for 5 days, and that I had to attend a mandatory skelly hearing, quite naturally I became upset. I signed off as having received the results of the investigation. I informed both Sergeant Smalley and Mark Antonio that I was not feeling well, and to please leave me alone so I can gather my thoughts and emotions; they refused, and Mark Antonio continued by stating that my shift would be changing, and that they would be conducting my performance evaluation right then and there. I reiterated to them that I was not feeling well, and that if we could meet (them, myself and a union representative) on another day to do my performance evaluation. I then took out my cell phone and began to video recording them trying to make me endure all the things on their agendas. Mark Antonio finally said he's taking me out of service since I refused to meet with them further, and since my claim was that I was not feeling well. My claim is also that of harassment. They knew I would be upset with the outcome of the Internal Affairs investigation, so it appears that they conspired to further harass me, and provoke a response of anger out of me, by also wanting to change my shift, and simultaneously performing my performance evaluation. Their behaviors were indicative of constant harassment in an effort to get me terminated.

*Dr. Tyree Robinson*  
Dr. Tyree Robinson

17

**San Francisco Police Department  
INCIDENT REPORT**

Report Type: Initial

180786350

<b>INCIDENT</b>	Incident Number 180-786-350	Occurrence From Date / Time 10/16/2018 17:30	Occurrence To Date / Time	Reported Date / Time 10/16/2018 20:57	CAD Number 182893553	<b>180786350</b>		
	Type of incident MISCELLANEOUS INVESTIGATION 68020							
	Location of Occurrence: 1245 3RD ST		At Intersection with/Premise Type GOVERNMENT PREMISES				District SOUTHERN	
	Confidential Report? <input checked="" type="checkbox"/>	Arrest Made? <input type="checkbox"/>	Suspect Known? <input type="checkbox"/>	Suspect Unknown? <input type="checkbox"/>	Non-Suspect Incident? <input checked="" type="checkbox"/>		Domestic Violence? <input type="checkbox"/>	Use of Force? <input type="checkbox"/> Reporting Unit: 3B250
	Location Sent / On View: 1245 3RD ST		At Intersection with				Reporting District SOUTHERN	
Crime and Clearance Status 0	Reported to Bureau	Name	Star	Date/ Time	Elder Victim? <input type="checkbox"/>	Gang Related? <input type="checkbox"/>	Juvenile Subject? <input type="checkbox"/>	Prejudice Based? <input type="checkbox"/>
Have you reviewed the attached list of procedures required by Department General Order (DGO) 7.04?								

<b>OFFICER</b>	I declare under penalty of perjury, this report of <u>3</u> pages is true and correct, based on my personal knowledge, or is based on information and belief following an investigation of the events and parties involved. PROP 115 CERTIFIED 5 Year/Post							
	Reporting Officer HEIDHRN, SCOTT A	Star 2015	Station Southern Station	Watch 1500-0100	Date 10/16/18 22:21			
	Reviewing Officer HEIDHRN, SCOTT A	Star 2015	Station Southern Station	Watch 1500-0100	Date 10/16/18 22:23			
	OIC HEIDHRN, SCOTT A	Star 2015	Station Southern Station	Watch 1500-0100	Date 10/16/18 22:24			
	Related Case -	Related Case -	Re-assigned to Copies to 3*300	Assigned to 3*300 Add'l Copies	Assigned by SH 2015			

<b>WITNESS</b>	Code W 1	Name (Last, First Middle) LEAO, LEILANI	Alias	Email								
	Day Phone	Type	Home Address	City	State	Zip Code						
	Night Phone	Type	Work Address 1245 3RD STREET	City SAN FRANCISCO	State CA	Zip Code 94158-						
	DOB / Age	DOB Unk. <input checked="" type="checkbox"/>	Age between and	Race	Sex	Height	Weight	Hair Color	Eye Color	ID Type	Jurisd.	ID No.
	Confidential Person <input type="checkbox"/>	Violent Crime Notification <input type="checkbox"/>	293-PC Notification <input type="checkbox"/>	Star	Follow-up Form YES <input type="checkbox"/>	Statement YES <input type="checkbox"/>	Relationship to Subject					
	School (if Juvenile)	Injury/Treatment		Other Information/If Interpreter Needed Specify Language CO-WORKER OF (R) ROBINSON								
	Interpreter Needed <input type="checkbox"/>	Language	Language Description (if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#							

<b>REPORTEE</b>	Code R 1	Name (Last, First Middle) ROBINSON, TYREE	Alias	Email								
	Day Phone	Type	Home Address	City	State	Zip Code						
	Night Phone	Type	Work Address 1245 3RD ST	City SAN FRANCISCO	State CA	Zip Code 94158-						
	DOB / Age	DOB Unk. <input type="checkbox"/>	Age between and	Race B	Sex M	Height	Weight	Hair Color	Eye Color	ID Type	Jurisd.	ID No.
	Confidential Person <input type="checkbox"/>	Violent Crime Notification <input type="checkbox"/>	293-PC Notification <input type="checkbox"/>	Star	Follow-up Form YES <input checked="" type="checkbox"/>	Statement YES <input checked="" type="checkbox"/>	Relationship to Subject OTHER (NARRATIVE)					
	School (if Juvenile)	Injury/Treatment		Other Information/If Interpreter Needed Specify Language CIVILIAN EMPLOYEE SFPD (CIS UNIT)								
	Interpreter Needed <input type="checkbox"/>	Language	Language Description (if Other)	Language Line Service/Interpreter ID#	Bilingual Ofc Star#							

18



San Francisco Police Department  
**INCIDENT REPORT**

Report Type: Initial

180786350

<b>P R O P E R T Y</b>	Code/No EVD 1	Item Description STATEMENT			Brand		Model	
	Serial No.	Gun Make	Callber	Color	Narcotics Lab No.	Quantity	Value	
	Seized by (Star)		From Where					
	Additional Description/Identifying Numbers 2 page signed statement completed by (R) Robinson							

CONFIDENTIAL

19

## NARRATIVE

On 10/16/18, (R) Robinson came to the front window of Southern Station and requested a police report to document an incident that happened at his workplace. Robinson is a civilian employee of the SFPD and works out of the CIS Unit.

Robinson told me he arrived at his workplace, 1245 3rd Street, today at 1730hrs and was met by his co-worker, (W)Leao. Leao told Robinson that something had happened and for him not to be upset. Robinson said Leao informed him that a file cabinet with his personal belongings was emptied into boxes. Robinson immediately went to Sgt. Patricia Brown #1555, and she told him Lt. David Falzon #507 had ordered her to remove the belongings because the cabinet was needed for confidential files. Sgt. Brown told Robinson that she had called Lt. Falzon, and that he was on his way to talk to Robinson. Robinson said he asked Sgt. Brown to call Lt. Falzon and tell him not to come because he did not want to speak to him without union representation. Robinson said Sgt. Brown did not call Lt. Falzon back.

Robinson said when Lt. Falzon arrived, he told him he would not talk to him without representation and he said Lt. Falzon got angry and ordered him to speak with him. Robinson again stated he would not speak to Lt. Falzon, at which time he said Lt. Falzon said, "If you don't meet with me, things are going to be bad for you." Robinson said they went back and forth verbally, and he felt intimidated. Robinson said Lt. Falzon told him if he did not follow his orders he would write him up for insubordination, and then he said Lt. Falzon said, "You put the nail in your own coffin". Robinson said he perceived that as a threat. Robinson then responded to Southern Station.

Robinson completed a detailed two page statement of this incident, which was later booked as evidence. Robinson informed me that Leao had already left her office and was headed home. I notified Captain Daryl Fong at 2005hrs of this incident, and he in turn notified Commander Daniel Perea.

20

INCIDENT NO. 180786350		PAGE ___ OF ___	
NAME (LAST, FIRST, MIDDLE) OF PERSON GIVING STATEMENT ROBINSON, TYREE L.		DOB / AGE	RESIDENCE PHONE (DAY / NIGHT)
RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO		ZIP CODE 94112	BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO 1245 3rd St. ZIP CODE 94158
DATE OF STATEMENT 10-16-18	TIME STARTED 800PM	TIME COMPLETED	LOCATION WHERE STATEMENT TAKEN AT SCENE <input checked="" type="checkbox"/> OTHER
STATEMENT TAKEN BY (NAME / STAR)		IN PRESENCE OF	

Upon my arrival to work today, I was informed by a co-worker that my personal file cabinet in the office had been removed. All of my personal belongings had been removed, and I have them in boxes. I went to Sgt. Patricia Brown, #1555, and she explained that Lt. David Falzon #507 ordered her to remove my belongings because the cabinet was needed for confidential files. I find this disturbing because there is currently an Internal Affairs case pending, and one of the issues is someone went into my file cabinet and removed reports from there. Sgt. Brown said she had called Lt. Falzon, and that he was on his way to talk to me. I asked her to please call him back and stop him, because I refuse to talk to him alone, without union representation. She didn't call him and he came anyway. Upon his arrival he comes into my office, where my colleague and I (Veilani Leao) were working, and asked if I would come to his office to talk. I told him that I wouldn't be talking to anyone alone without union representation. I attempted to contact my union representative, yet she was not available. He (Lt. Falzon) instantly became angry and asked if I knew how far he'd traveled to meet with me. I rebutted, "I asked Sgt. Brown to call you so you wouldn't waste your time coming for nothing, but she refused to call. He continued to raise his voice and coming intimidatingly close, and said "I'm not asking you to meet with me, I'm ordering you to. I told him that I had a right to union representation, and he said I didn't

I DECLARE, UNDER PENALTY OF PERJURY, THIS STATEMENT OF \_\_\_\_\_ PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT  
Dr. Tyree Robinson

(24)

INCIDENT NO. 180786350

page \_\_\_ of \_\_\_

NAME (LAST, FIRST, MIDDLE) OF PERSON GIVING STATEMENT: DOB/AGE: RESIDENCE PHONE (DAY/NIGHT): BUSINESS PHONE (DAY/NIGHT):

RESIDENCE ADDRESS / CITY IF NOT SAN FRANCISCO: ZIP CODE: BUSINESS ADDRESS / CITY IF NOT SAN FRANCISCO: ZIP CODE:

DATE OF STATEMENT: TIME STARTED: TIME COMPLETED: LOCATION WHERE STATEMENT TAKEN: AT SCENE  OTHER:

STATEMENT TAKEN BY (NAME / STAR): IN PRESENCE OF:

have that right. He said "If you don't meet with me, things are going to be bad for you." I felt intimidated and threatened by that statement. He and Sgt. Brown left my office, yet he said "take some deep breaths, and think about this before you make ~~the~~ a bad decision; I'll come back in a few minutes." At approximately 7:30PM, he returned and asked if I thought about meeting with him. I told him that I had and that my answer was still the same; I refused to meet without union representation which I'm entitled to. I went on to tell him that his behavior's of raising his voice at me, asking me questions such as "Who's the boss here, me or you?" and the initial threat had made me fearful and intimidated. He said "Fine, I gave you a direct order and since you refused I'm writing you up for insubordination." He then said, "You put the nail in your own coffin." I told him that I was writing down what I perceived as a threat, and he began to further harass me by saying, "Do you need me to spell it for you?" I replied, "I am an earned Doctor of Education, I can spell it." He then continued by asking; "Do you need me to repeat it?" I told him he was harassing me, so he stopped and left. I am afraid for my safety, my life, and my well-being. Lt. Falzon's behavior towards me was nothing short of harassment, and his statements are that of a terrorist nature. I take these very seriously, and I am seeking that he be held accountable.

I DECLARE, UNDER PENALTY OF PERJURY, THIS STATEMENT OF \_\_\_\_\_ PAGES IS TRUE AND CORRECT, BASED ON MY PERSONAL KNOWLEDGE.

SIGNATURE OF PERSON GIVING STATEMENT: Dr. Tyree Koberman

22

October 18, 2018

To Whom It May Concern,

On Tuesday 10/16/18 I was working at the front window with my colleague Tyree Robinson. Sgt. Patricia Brown came in the office and informed Tyree that the lieutenant was en route back to work, and will be back in the office in 10 minutes to explain about the removal of Tyree's personal belongings from his work cabinet, and the taking of the cabinet itself. Tyree said that she can call him and tell not to come because he is not speaking to him without Union Representation. She then said that she will let Tyree tell that to Lt. Falzon when he comes in.

Later on LT Falzon came into the office and told Tyree in a very loud voice to come to his office. Tyree said not without Representation. The lieutenant said that he just wants to explain about the cabinet and if he would please come to his office. Tyree again said no not without Representation. The lieutenant then said "I am not asking you I am ordering you." The lieutenant has a very loud voice. Tyree preceded to still say no and the lieutenant walked closer towards Tyree and said I just want to say as a friend I'm asking for you to let me explain what happened. Tyree then said you are not my friend; we don't even know each other. The lieutenant then said "Tyree if you do not come to my office you will make it hard for yourself." Tyree said no again and the lieutenant said "You will regret it." Then the lieutenant said he will give him a couple minutes to think about it and he will come back to see if Tyree has changed his mind about meeting with him. Then he and Sgt. Brown and LT left our office.

When I went to the general area where I keep my personal belongings, which is near the lieutenant's office, he opened the door and demanded to know (in a loud voice) "Leilani, why are you still here?" I told him I was making up time for coming to work late. He asked "Who authorized that?" I told him "Angie did." Angie is the day shift supervisor.

I was embarrassed at him questioning me in front of Sgt. Brown, swing shift supervisor Mark Antonio, and my other colleagues who observed and heard his questions. I am concerned that I am going to personally be retaliated against because I was a witness to incident between him and Tyree.

Sincerely,

Leilani Leao

23

*On Disability when charged.*

# San Francisco Police Department

## MCD Report Summary

Case Type: MCD Complaint

Case Number: MCD-2018-0201

Incident Date: 10/16/2018

Date Reported: 10/17/2018

Origin:

Report Number: DPA 0535-18, 180786350

Location: 1245 3rd Street

Address:

Bureau:

District: CISD

3304 GC:

Status: Open

Date Closed:

*H. Falcon case of threatening my life or harassment*

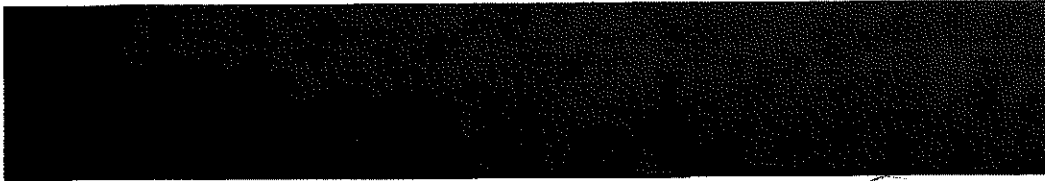
### Complainant(s)

SFPD

Race:

Sex:

### Employee(s)



*Redacted*

Robinson, Tyree L

ID#:

Badge: 0

Race: B - Black

Sex: F

Supervisor: Vella, Kamini K

*Not my supervisor*

Assignment: CIS

*sexual gender suggestive harassment*

Allegation: Conduct Unbecoming a Member

Violation:

Finding: Open-Pending

Allegation: Conduct Unbecoming a Member

Violation:

Finding: Open-Pending

Allegation: Conduct Unbecoming a Member

Violation:

Finding: Open-Pending

Allegation: Conduct Unbecoming a Member

Violation:

Finding: Open-Pending

### Tracking:

*24*

<b>Group:</b> MCD Investigation	<b>Assigned To:</b> Andersen, Destiny R	<b>Role:</b> Assigned to Investigator
<b>Assign Date:</b> 11/6/18	<b>Due Date:</b> 10/17/19	<b>Completion Date:</b>
<b>Group:</b> MCD Investigation	<b>Assigned To:</b> Lyons, Meighan A	<b>Role:</b> Assigned to Investigator
<b>Assign Date:</b> 5/30/19	<b>Due Date:</b> 10/17/19	<b>Completion Date:</b>
<b>Group:</b> MCD Investigation	<b>Assigned To:</b> Oropeza, Jesse	<b>Role:</b> Assigned to Investigator
<b>Assign Date:</b> 7/23/19	<b>Due Date:</b> 10/17/19	<b>Completion Date:</b>

**Narrative:**

Updated 7/23/19 12:53:05 PM by A22918:  
Updated 5/30/19 1:35:08 PM by A22918:  
Updated 11/6/18 11:09:55 AM by A22918:

It is alleged that Sr. Celrk Typist Tyree Robinson violated DGO 2.01 rule 9 on 10/16/2018.  
It is alleged that Sr. Celrk Typist Tyree Robinson violated DGO 2.01 rule 12 on 10/16/2018.  
It is alleged that Sr. Celrk Typist Tyree Robinson violated DGO 2.01 rule 13 on 10/16/2018.  
It is alleged that Sr. Celrk Typist Tyree Robinson violated DGO 2.01 rule 40 on 10/16/2018.

*Charges are not made specific nor clear.*



*-Redacted*

25





San Francisco Department of Police Accountability

Paul David Henderson  
Executive Director

October 25, 2018

Mr. Tyree Robinson

**RE: DPA Case No. 0535-18**

Dear Mr. Robinson:

The Department of Police Accountability has conducted an investigation of the above-referenced complaint. A summary follows of the DPA's **preliminary** findings as to each allegation:

The complaint raises matters outside the DPA's jurisdiction and has been forwarded to:

**San Francisco Police Department  
Internal Affairs Division  
Attn: Lieutenant Raymond A. Cox #287  
1245 Third Street  
San Francisco, CA 94158**

Please refer to the attached information for definitions of these findings. If you are not satisfied with the preliminary disposition indicated above, you have the right to request an investigative hearing on this complaint. (Please see information sheet, enclosed). The DPA strongly recommends that, to assist you in determining the grounds for a hearing, you call promptly to make an appointment with the investigator in your case, **Susan Gray** at **(415) 241-7711** to discuss the preliminary findings and to review the evidence upon which the findings are based. Your written request for a hearing must be mailed or delivered within ten (10) days of the date that you receive this letter, to the following address:

**Department of Police Accountability  
ATTN: Investigative Hearing Coordinator  
25 Van Ness Avenue, Suite 700  
San Francisco, CA 94102**


26

Mr. Tyree Robinson  
DPA Case No. 0535-18

Page 2

As members of SFPD know, Department General Order 2.04 III. A.5.a. requires that, after DPA's investigation, including any investigative hearing, the DPA's investigation and findings as to sustained allegations shall be transmitted to the Chief of SFPD or the Chief's designee for review and action.

Sincerely,

  
Paul David Henderson  
Executive Director

PDH:pcg  
Attachment Enclosed

27

December 22, 2018

Dr. Tyree Robinson  
Senior Clerk Typist  
Crime Information Systems Division  
1245 Third St., First Floor  
San Francisco, CA 94158

Dear Members of the San Francisco Board of Supervisors,

My name is Dr. Tyree Robinson, and I have been employed with the San Francisco Police Department as a Sr. Clerk Typist since January 2001 (approximately 18 years). My entire time has been in Support Services, which has been changed to Crime Information Systems Division (CISD). For the most part, my time has been uneventful and without major negative incidents until the year 2016. My immediate supervisor, Chief Clerk Mark Antonio has harassed me since he first came to our department. There have been incidents where he has gotten into my personal space, pointing his finger in my face while yelling at me, while I remained seated. Another incident happened in 2015 when I went to his office to ask for his audience for a short while to ask a question about my schedule; he began telling me to get out of his office; he slammed his fist on his desk and referred to me as "you people," then proceed to slam the door on my heel as I was exiting his office. I reported the incident to the unit's Captain; he wrote a report to be investigated by the City and County of San Francisco's Department of Human Resources under the direction of Micki Callahan; the results concluded that Mark Antonio was innocent of any wrong doing, and that I merely misunderstood his conduct. I would like to know how an investigation is thoroughly conducted without any investigators contacting me personally to hear my version of events? Therefore, I did not receive an equitable investigation by the Department of Human Resources. From that point on, matters just began to get worse for me within CISD.

On February 12, 2016, a man of European descent approached the Reports window and immediately requested a supervisor. I asked him what it was in regards to, and if he would provide me with some information so that I could assist him. He replied, "I'm sure you won't be able to help me." I explained to him that a supervisor would require case information and a reason why their services are requested prior to them coming to the window to speak with him; reluctantly he provided me with the case number. He was listed in the report as a suspect in DV case, in which such cases require approval from assigned units. Upon explaining this to him, he insisted that he was not the suspect, and I reassured him that he was listed as a suspect and I could not release the report to him without approval. He said he had requested the report 5 or 6 months ago, yet hadn't received it. Yet he failed to produce a copy of his initial request form so that I could check the date/time stamp, and check the log book for further information.

He began to hurl insults and said, "you need to get an education, you uneducated monkey." Then he began to perform and make noises as if he were a monkey, in which I took as a racial insult, for societal racism has depicted African-American's as "animals" and "monkeys" "apes" and "coons," which have been used as racial slurs for centuries. Offended, I asked the man to

28

leave the building and not to return for 48 hours, and with a more respectful attitude so that he might be helped. I asked him not to return until Thursday, February 18, 2016 at the earliest, since it was Friday, closed the weekend, and Monday, February 15, 2016 we were closed for a legal holiday. He asked my name and I refused, for I had indicated that I was insulted, the conversation was over, and he needed to leave immediately.

He refused to leave, so I exited my office and entered the lobby, and went directly to the Officer on duty who was there supervising the Police Cadets, asking him to remove the gentleman from the building, and told him why. I did not leave my office to confront the man, but to have him escorted out of the building. From my office I can not see the officer, for they sit in a corner, so it was necessary for me to go into the lobby to get his attention. During that time, it had been made aware to employees within CISD who work the front counter that there is a telephone in which we are able to call should an incident occur and assistance is needed. While I was talking with the officer, the man kept hurling insults of me needing to "get an education" and him doing his monkey act. He asked the officer what my name was, and I told him, "He doesn't know me, nor my name, but you've been asked several times to leave the building." He continued with the verbal and racially suggestive insults, and I engaged him by explaining that I am quite educated; I have 3 degrees and I am currently in school pursuing my doctorate of education. This took place at the entrance of the building. He was outside, and I was standing inside. He continued to antagonize me with the verbal and suggestive attacks, and the officer tapped me on the shoulder and said, "He's not worth it, ignore him and walk away." One of the cadets came and did likewise; tapped me on the shoulder and encouraged me to walk away as I was standing there in disbelief at this man's behavior's. I returned to my office without further incident, and continued to work. The uniformed officer did not have to physically restrain me in any way, for I was not attempting to physically attack or harm the man who was now out of the building. I was in a state of disbelief that the officer and the cadets, who had all witnessed this incident, had not come over and intervene, for the man was quite loud.

The day that this took place, my supervisor Mark Antonio was not present at work; however, the man who committed the same offense returned the following week and spoke with Mark, and as a result of their conversation, he wrote me up to Internal Affairs, where I was charged with Behavior Unbecoming of a member. After the investigation with Internal Affairs it was concluded that I was the guilty party, and because I had not been in any previous trouble, I was given a written warning in my personnel file. As a result of me threatening to seek legal counsel and pursue a lawsuit against the department, as well as sharing my experiences with news media, the SEIU Local 1021 Chapter President, Mrs. Monica Wheaton-Howell and an Internal Affairs attorney, the letter was removed and I received a verbal warning. Although the letter was removed, my trust in the character of the Police Department has forever been tarnished. I have no hope, faith, or trust that this department has my best interest at heart.

A recent incident that took place on October 16, 2018, in which I had to file a police report against the Lieutenant in my unit. I arrived at work to find that my file cabinet, where I store my personal belongings had been emptied; sloppily thrown in boxes, and the file cabinet removed. The Sergeant on duty said she was ordered by the Lieutenant to do it because the file cabinet was needed that day for the purpose of storing confidential documents. I verbally expressed how I felt as if my privacy was invaded; how I felt disrespected, and should have

received a telephone call forewarning me that the cabinet was needed. She said I shouldn't feel that way; I informed her that I owned my emotions, they belong to me, and nothing that she or anyone else says can make them change, for truly I felt violated and as if I had no voice or protection from sworn and non-sworn managers within CISD. She took it upon herself to call Lieutenant David Falzon #507 to tell him how I felt, and he came back to work with the intent to talk with me.

Upon his arrival, he aggressively entered the room and demanded to speak with me in private. I told him due to the lack of mistrust, coupled with his aggressive behavior, that I didn't feel comfortable meeting with him in private, and would only meet with him unless I had a union representative present. He continued to try to bully and threaten me into a meeting by making statements such as, "if you don't meet with me you'll make things very difficult for yourself; you'll regret it." When I still refused to meet with him he yelled, "fine, don't meet with me, but I'm writing you up for insubordination; you put the nail in your own coffin." I took these statements as terrorist threats and harassment. I immediately went to Southern Station and filed a police report against him. A witness was present, who also was afraid for herself as well, and she has written a statement; the police report and her statement are attached. This case is pending investigation within Internal Affairs; unfortunately, I don't have the confidence that I will receive a thorough, professional, and equitable investigation and outcome. Why is it deemed okay for someone with a badge, firearm, and rank within the department to behave in such a manner and suffer no accountability or consequences. Just for the record, Lieutenant David Falzon #507 was nominated by the Mayor of San Francisco, Ms. London Breed, to the Entertainment Commission. I would love to speak with her and have a candid conversation about the behavior of someone she supports, not only to protect and serve as a law enforcement officer, but she has put her own endorsement, credibility, and reputation on the line for someone who misrepresents and abuses his authority and power.

The most recent incident took place on November 5, 2018, when Mark Antonio and Sergeant Stephen Smalley came into my office to harass me. I had been undergoing an Internal Affairs investigation (that I believe was done out of retaliation), and they arrived to bring me the results. This particular day I was not feeling well, as I have several medical conditions, for which I am under a physicians care constantly; however, the years of harassment and a toxic work environment has caused periodic flare ups of the conditions. When I looked at the results and saw that it was recommended that I be suspended for 5 days, and that I had to attend a mandatory skelly hearing, quite naturally I became upset. I signed off as having received the results of the investigation. I informed both Sergeant Smalley and Mark Antonio that I was not feeling well, and to please leave me alone so I can gather my thoughts and emotions; they refused, and Mark Antonio continued by stating that my shift would be changing, and that they would be conducting my performance evaluation right then and there. I reiterated to them that I was not feeling well, and that if we could meet (them, myself and a union representative) on another day to do my performance evaluation. I then took out my cell phone and began to video recording them trying to make me endure all the things on their agendas. Mark Antonio finally said he's taking me out of service since I refused to meet with them further, and since my claim was that I was not feeling well. My claim is also that of harassment.

Since the aforementioned incident, my medical conditions have worsened, and I am currently on disability and unable to work, and I'm struggling just to live monthly due to the astronomical cost of living in the San Francisco Bay Area. Everyday I am stressed, anxious, battling depression, body swelling and in pain, and dreading the fact that I am due to return to an unsafe environment where I feel uncomfortable, insecure, and threatened. It is my hope that writing this letter and including the supporting documents are not in vain. I hope the words on these pages speak truth of my situations, and that you all have looked beyond the words and heard my heart. It is also my hope that these issues will be addressed and not ignored, and parties be held accountable for their actions regardless of their titles, positions, and ranks. I look forward to a written reply as soon as possible, with the hopes that elected officials of the City and County of San Francisco really care about the people that you all have taken oaths and have made promises to serve; for you are my last hope. If I receive no assistance from you all, I will have no choice but to seek legal counsel and to take my experiences to the news media. Again, I'm hoping and praying that someone will care enough about me, and brave enough to stand for truth, will hold said parties accountable for their acts of harassment, threatening me, and creating a toxic work environment. They should not be exempt from accountability and justice because they have badges, weapons, and ranking within the department. My last hope is that that person/s are not willing to do the right thing, by choosing to protect their professional comrades, that I am forced to seek media attention, as well as this turning into a legal battle.

Submitted,

*Dr. Tyree Robinson*

Dr. Tyree Robinson

August 27, 2018

Dr. Tyree Robinson  
San Francisco Police Department  
Crime Information Services Division  
1245 3<sup>rd</sup> St., 1<sup>st</sup> Floor  
San Francisco, CA 94158

Sergeant. Destiny Andersen #465  
San Francisco Police Department  
Internal Affairs Division  
1245 3<sup>rd</sup> St., 4<sup>th</sup> Floor  
San Francisco, CA 94158

Re: Case Number MCD-2018-0102

Dear Sergeant Andersen,

I am writing this letter to for numerous reasons. The first issue that I have has already addressed in a previous email to you, on Saturday, August 26, 2018. I was served the Accused Member Notification on Wednesday, August 22, 2018, and the interview date is scheduled for Tuesday, August 28, 2018 at 5:00 PM, which leaves very little time for me to secure union or legal representation, as well as little time for preparation prior to the interview.

On the Accused Member Notification, it appears to have been compiled by Lieutenant R. Andrew Cox, Officer in Charge of the Internal Affairs Division; however, there is no signature on the notification by him; is this legal? Is he aware that this case exists?

I placed a phone call to you, and left you a voicemail requesting the MCD Report Summary on August 22, 2018, and on August 23, 2018; when I didn't receive an answer via telephone or email, I came to your office directly, and you said, "You should have been served more than a notification, because I sent more paperwork to your unit to be given to you." You then went into your office and graciously provided me with the MCD Report Summary, and I am thankful that you did.

Upon reviewing the MCD Report Summary I noticed some things that made me question whether this investigation is for me or not. The first thing that stood out to me is I am listed as a Black Female. I am highly offended by this, as this suggests some form of insult and/or accusation towards me regarding sexual preference e.g. suggesting that I am a homosexual. I do not find this humorous at all, yet distasteful and cruel; and I will not hesitate to seek legal counsel for such an attack.

Another mistake listed on the MCD Report Summary is that my supervisor is listed as Kamini K. Vella. Mrs. Vella is a 1424 Clerk Typist, which is a classification lower than mine as a 1426 Sr. Clerk Typist. Again, I question whether this is some form of intentional insult, particularly since I was recently (approximately six months ago) asked by my immediate supervisor, Mark Antonio

32



if I was still a student or not. When I replied to him that I was still a student, he further made statements to suggest that he had believed I had completed my studies already. When I made it clear to him that I had completed my Master's Degree in 2015, and was working on my Doctorate of Education degree at the time of questioning, comments and other forms of subtle harassment began to follow. So as an African-American man, I understand the listing of my supervisor as a 1424 as a way of letting me know that I should remember that just because I am highly degreed, that I should remember my place as a Black clerk. Again, I take extreme offenses to such error, as it clearly states to me a message of subtle racism.

In the narrative portion of the MCD Summary Report, there are three allegations for which I'm being investigated, and they are listed as follows:

1. "It is alleged that Sr. Clerk Tyree Robinson has been neglectful of his duties at CIS.
2. "It is alleged that Sr. Clerk Tyree Robinson has failed to follow and comply with written Department orders."
3. "It is alleged that Sr. Clerk Tyree Robinson was a no call/no show for a mandated training course."

All of these allegations are extremely vague, and I am requesting a detailed description of each allegation. People who are defendants in criminal and civil litigations are well aware of what they are being accused of, as well as their charges, and I too am due more information than such vague allegations. It would be very unwise of me to attend the meeting with union or legal representatives with virtually no information, as that does not offer us an opportunity to properly prepare for the interview, nor be able to properly defend or explain such allegations, which I believe is a tactic by the department to incriminate myself due to lack of information; hence, one of my requests for a future date.

My supervisor, Chief Clerk Mark Antonio and myself have had issues and conflicts with one another for years; a couple of instances in which he was investigated by the City and County of San Francisco's Department of Human Resources. So I feel that his actions are retaliatory, immature, and unprofessional as a supervisor. After reading this MCD Report Summary, the question still remains, am I, Dr. Tyree Robinson being investigated, or is there a Black female with the same name as mine, with a supervisor in my department who is not mine, or was this report prepared to be a cruel joke with a racist and sexual orientation overtone? I am not slightly amused by the insults within this report.

Submitted,

Dr. Tyree Robinson

1 of 4

Pending case and Internal Affairs issues

Inbox

x

7

Attachments Dec 17, 2018, 4:21 AM

to william.braconi, Destiny.R.Andersen, Benjamin.Houston, hector.sainez, michael.redmond, mark.cota, madelynmcmillian, daniel.becker, bcc: monicascurves

Dear Lieutenant Braconi,

I am an employee assigned to CISU, and I am writing this email as a result of some issues of inequity that I feel I am experiencing within Internal Affairs. One of the main issues is that I have a case pending, in which I initiated against the Lieutenant in my unit, Lieutenant David Falzon #507 for harassment and making terrorist threats against me. I filed a claim with the City's Department of Police Accountability, and it was referred to Internal Affairs (see attached DPA Lt. Falzon.pdf).

The issue I have with this is that this case was assigned to Sgt. Destiny Anderson. Is it the department's protocol for a Sergeant to investigate a case which involves a higher ranking officer? Another reason that I have issue with the case being assigned to Sgt. Anderson is due to the fact that she recently presided over a case in which I was charged in with my immediate supervisor Mark Antonio (case # IAD2018-0102). From the initial notification of charges pending against me, the summons and charges from Internal Affairs was poorly written. I was addressed as a Black female, when it is clear that I am not that, nor have I ever identified myself as "she," "her," or identified myself as transgender or homosexual. The word "police" was spelled incorrectly; my supervisor was listed as one of my colleagues of a lower classification, and the charges were never specified in detail until the actual meeting. The shop steward representing me from SEIU Local 1021, Mrs. Monica Wheaton-Howell addressed this issue via email and in the meeting. I even emailed a letter of clarification to Sgt. Anderson, and her response was that it would be corrected; I am still waiting on the corrected copy of an offensive and poorly written report of charges (please see attached MCD Complaint -tyrrob12@gmail.com and SFPD IA Letter of Clarification.docx).

I am concerned, and not very confident in Sgt. Anderson's willingness to conduct this investigation in a professional and equitable fashion, and I am requesting that she be recused from this case, and that it be reassigned to some of a higher ranking of Lt. Falzon. Another issue that I have with the previous investigation is in my Discovery packet was a copy of SFPD General Order 2.03 dated 07/20/94, entitled "DRUG USE BY MEMBERS." I would like to

34

know why this was included in my Discovery packet? I would also like clarity on what the insinuation is by including that particular General Order, so that I not be assumptive nor offended as to why it was included.

In 2016, I was involved in a case in which a Caucasian man of the general public who was denied a police report, began to hurl racial insults to me e.g. "you uneducated monkey,"

as well as making noises and jumping up and down scratching his armpits as if imitating an actual monkey. He did this several times and when I asked him to leave he refused. I had to ask the lobby officer to remove him from the building. He returned a week later, talked to Mark Antonio, who was not even present on the day that the incident occurred, and as his common practice of retaliatory actions, Mark Antonio wrote me up to Internal Affairs (case MCD-2016-0054). I was found guilty of Conduct Reflecting Discredit within the department, and a letter of warning went into my personnel file. After threatening to obtain legal counsel and going to the news media to share my experience, and with the assistance of Mrs. Wheaton-Howell working with the attorney in Internal Affairs, the letter was removed; however, on the Employee Multiple Card Report, it is listed as the warning letter being in my file. Should the report reflect this, since it was removed from my personnel file?

January 15, 2019 will be my 18th year anniversary as an employee of the SFPD. I am disheartened and concerned about the handling of situations within my department as well as within the Internal Affairs unit. I ask that you would consider my request for a change of investigators for the investigation concerning Lt. Falzon, and if that is not possible, I would like a thorough explanation as to why, as well as supporting documents. I thank you for your time and I look forward to your response. If you are unable to open any of the attachments, please let me know and I will resubmit them.

Submitted,

*Dr. Tyree Robinson*

Dr. Tyree Robinson

35

Re: MCD Complaint

Inbox

x

Wheaton-Howell, Monica (DAT) <

Tue, Aug 28, 2018, 12:44 PM

to Benjamin, Madelyn, '

Mr. Houston:

I have just received a copy of a MCD Report Summary for member Tyree Robinson. Mr. Robinson is scheduled for an internal affairs hearing this evening, 8/28/18 and as his representative from SEIU I am requesting that this meeting be re-scheduled. Overall, In reviewing the narrative I am very concerned with the poor quality of this report. First the copy the of the report received by the member was not signed by the investigating party, next there are no violation codes listed on this report although the victim is being charged with being neglectful of his duties. No dates have been listed for the alleged infractions that the member is said to have violated. Also noted the misspelling of the word "police ". Member/Employee Roberson is also identified as a black female instead of a male, and the person listed as his supervisor Kamini Vella is not his supervisor. Mr. Houston, if we are to address the improper behavior of an employee we need to make sure the complaint being lodged against him is accurately written with correct and detailed information.

Thank You,

Monica Wheaton-Howell

36

Former SEIU HOJ Chapter President

Steward

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Thu, Aug 30, 2018, 11:25 PM

to Destiny.R.Andersen

Hello Sgt. Andersen,

Please see the email below. Many mistakes were made on the MCD Report Summary that I would like corrected and resubmitted prior to our meeting on September 5, 2015.

Thank you,

Dr. Tyree Robinson

Tue, Sep 4, 2018, 10:52 AM

to Andrew, me

Hello Mr. Robinson,

I have updated and submitted the form with the requested violations codes and requested dates of alleged violations. Others, such as the correct spelling of police, you incorrectly being listed as a female, and an update for your current supervisor are all in the process of being corrected. However, you are still required to be here for your scheduled interview on September 5, 2018.

**INTERNAL AFFAIRS DIVISION**

**ACCUSED MEMBER NOTIFICATION**

**DATE: 08/14/2018**

**TO: Tyree Robinson**

**ASSIGNED: CIS**

You are hereby notified and ordered to appear at:

The Internal Affairs Division, 4<sup>th</sup> Floor, Police Headquarters Building on Tuesday, 08/28/18  
at 1700 hours to be interviewed regarding a matter under investigation.

**YOU ARE UNDER INVESTIGATION:**

For additional information relative to this interview, please contact  
Sergeant Destiny Andersen #465 at 837-7170.  
Please bring your memorandum book and other material relevant to this incident.

Your appearance is mandatory unless excused in writing by the Officer-in-Charge of the Internal Affairs Division and, only written requests for continuances will be considered.

You are entitled to one representative and encouraged to bring that representative with you.

If you are currently on suspension without pay, you are still required to appear and you will be compensated at your usual hourly rate while at the Internal Affairs Division.

**WILLIAM SCOTT**  
**Chief of Police**

**BY: \_\_\_\_\_**  
**LIEUTENANT R. ANDREW COX**  
**Officer in Charge**  
**Internal Affairs Division**

**ACTION: This is the member's copy.**

**Note: It is recommended that he/she  
bring POA Attorney or Representative.**

37

# San Francisco Police Department

## MCD Report Summary

**Case Type:** MCD Complaint **Case Number:** MCD-2018-0102  
**Incident Date:** **Date Reported:** 06/02/2018  
**Origin:** **Report Number:**  
**Location:** Pllice Headquarters  
**Address:** *Improper spelling of "Police."*  
**Bureau:** **District:** CISD **3304 GC:**  
**Status:** Open **Date Closed:**

### Complainant(s)

SFPD **Race:** **Sex:**

### Employee(s)

**Robinson, Tyree L** **ID#:** **Badge:** 0 **Race:** B - Black **Sex:** F  
**Supervisor:** Vella, Kamini K *Not my supervisor* **Assignment:** CIS

**Allegation:** Neglect Of Duty  
**Violation:**  
**Finding:** Open-Pending

**Allegation:** Neglect Of Duty  
**Violation:**  
**Finding:** Open-Pending

**Allegation:** Neglect Of Duty  
**Violation:**  
**Finding:** Open-Pending

*Is this a  
cruel joke  
about sexual  
identity???*  
*I requested in  
writing to Sgt.  
Anderson, she  
said corrections  
would be made.  
They never were.  
Discriminatory!!!*

### Tracking:

**Group:** MCD Investigation **Assigned To:** Andersen, Destiny R **Role:** Assigned to Investigator  
**Assign Date:** 6/15/18 **Due Date:** 6/2/19 **Completion Date:**

### Narrative:

Updated 6/28/18 1:06:50 PM by A22918:  
Updated 6/15/18 10:59:35 AM by A22918:

It is alleged that Sr. Clerk Typist Tyree Robinson has been neglectful of his duties at CIS.

It is alleged that Sr. Clerk Typist Tyree Robinson has failed to follow and comply with written Department orders.

38

**Amended 06/28/2018:**

It is alleged that Sr. Clerk Typist Tyree Robinson was a no call/ no show for a mandated training course.

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39



April 28, 2019

Dr. Tyree Robinson  
Senior Clerk Typist  
Crime Information Systems Division  
1245 Third St., First Floor  
San Francisco, CA 94158

Chief William Scott  
Chief of Police – SFPD  
1245 Third St., 6<sup>th</sup> Floor  
San Francisco, CA 94158

Dear Chief Scott,

My name is Dr. Tyree Robinson, and I have been employed with the San Francisco Police Department as a Sr. Clerk Typist since January 2001 (more than 18 years). My entire time has been in Support Services, which has been changed to Crime Information Systems Division (CISD). For the most part, my time has been uneventful and without major negative incidents until Chief Clerks Mark Antonio and Cheryl Coleman became supervisors. My immediate supervisor, Chief Clerk Mark Antonio has harassed me since he first came to our department. There have been incidents, documented and undocumented, where he has gotten into my personal space, pointed his finger in my face while yelling at me, while I remained seated.

An incident happened in 2015 when I went to his office to ask for his audience for a short while to ask a question about my schedule; he began telling me to get out of his office; he slammed his fist on his desk and referred to me as “you people,” then proceed to slam the door on my heel as I was exiting his office. I reported the incident to the our then Captain, Captain Eric Vintero; he wrote a report to be investigated by the City and County of San Francisco’s Department of Human Resources under the direction of Micki Callahan; the results concluded that Mark Antonio was innocent of any wrong doing, and that I merely misunderstood his conduct (please see email entitled “Work incident on Thursday 11/12/15”). I would like to know how an investigation is thoroughly and equitably conducted without any investigators contacting me personally to hear my version of events, which no one did in this case? Therefore, I did not receive an equitable investigation by the Department of Human Resources. From that point on, matters just began to get worse for me within CISD.

On February 12, 2016, a man of European descent approached the Reports window and immediately requested a supervisor. I asked him what it was in regards to, and if he would provide me with some information so that I could assist him. He replied, “I’m sure you won’t be able to help me.” I explained to him that a supervisor would require case information and a reason why their services are requested prior to them coming to the window to speak with him; reluctantly he provided me with the case number. He was listed in the report as a suspect in DV case, in which such cases require approval from assigned units (see enclosed report number 091110672). Upon explaining this to him, he insisted that he was not the suspect, and I reassured him that he was listed as a suspect and I could not release the report to him without approval. He

40

said he had requested the report 5 or 6 months ago, yet hadn't received it. Yet he failed to produce a copy of his initial request form so that I could check the date/time stamp, and check the log book for further information.

He began to hurl insults and said, "you need to get an education, you uneducated monkey." Then he began to perform and make noises as if he were a monkey, in which I took as a racial insult, for societal racism has depicted African-American's as "animals" and "monkeys" "apes" and "coons," which have been used as racial slurs for centuries. Offended, I asked the man to leave the building and not to return for 48 hours, and with a more respectful attitude so that he might be helped. I asked him not to return until Thursday, February 18, 2016 at the earliest, since it was Friday, closed the weekend, and Monday, February 15, 2016 we were closed for a legal holiday. He asked my name and I refused, for I had indicated that I was insulted, the conversation was over, and he needed to leave immediately.

He refused to leave, so I exited my office and entered the lobby, and went directly to the Officer on duty who was there supervising the Police Cadets, asking him to remove the gentleman from the building, and told him why. I did not leave my office to confront the man, but to have him escorted out of the building. From my office I can not see the officer, for they sit in a corner, so it was necessary for me to go into the lobby to get his attention. During that time, it had been made aware to employees within CISD who work the front counter that there is a telephone in which we are able to call should an incident occur and assistance is needed. While I was talking with the officer, the man kept hurling insults of me needing to "get an education" and him doing his monkey act. He asked the officer what my name was, and I told him, "He doesn't know me, nor my name, but you've been asked several times to leave the building." He continued with the verbal and racially suggestive insults, and I engaged him by explaining that I am quite educated; I have 3 degrees and I am currently in school pursuing my doctorate of education. This took place at the entrance of the building. He was outside, and I was standing inside. He continued to antagonize me with the verbal and suggestive attacks, and the officer tapped me on the shoulder and said, "He's not worth it, ignore him and walk away." One of the cadets came and did likewise; tapped me on the shoulder and encouraged me to walk away as I was standing there in disbelief at this man's behavior's. I returned to my office without further incident, and continued to work. The uniformed officer did not have to physically restrain me in any way, for I was not attempting to physically attack or harm the man who was now out of the building. I was in a state of disbelief that the officer and the cadets, who had all witnessed this incident, had not come over and intervene, for the man was quite loud.

The day that this took place, my supervisor Mark Antonio was not present at work; however, the man who committed the same offense returned the following week and spoke with Mark, and as a result of their conversation, he wrote me up to Internal Affairs, where I was charged with Behavior Unbecoming of a member. After the investigation with Internal Affairs it was concluded that I was the guilty party, and because I had not been in any previous trouble, I was given a written warning in my personnel file. As a result of me threatening to seek legal counsel and pursue a lawsuit against the department, as well as sharing my experiences with news media, the SEIU Local 1021 Chapter President, Mrs. Monica Wheaton-Howell and an Internal Affairs attorney, the letter was removed and I received a verbal warning. Although the

41

letter was removed, my trust in the character of the Police Department has forever been tarnished. I have no hope, faith, or trust that this department has my best interest at heart. During this time Chief Clerk Mark Antonio continued to harass me in ways in which I felt were retaliatory, as a result of my previous complaints against him (please see document from Department of Human Resources "Complaint of Discrimination, EEO File No. 2142).

A recent incident that took place on October 16, 2018, in which I had to file a police report against the Lieutenant in my unit. I arrived at work to find that my file cabinet, where I store my personal belongings had been emptied; sloppily thrown in boxes, and the file cabinet removed. The Sergeant on duty said she was ordered by the Lieutenant to do it because the file cabinet was needed that day for the purpose of storing confidential documents. I verbally expressed how I felt as if my privacy was invaded; how I felt disrespected, and should have received a telephone call forewarning me that the cabinet was needed. She said I shouldn't feel that way; I informed her that I owned my emotions, they belong to me, and nothing that she or anyone else says can make them change, for truly I felt violated and as if I had no voice or protection from sworn and non-sworn managers within CISD. She took it upon herself to call Lieutenant David Falzon #507 to tell him how I felt, and he came back to work with the intent to talk with me.

Upon his arrival, he aggressively entered the room and demanded to speak with me in private. I told him due to the lack of mistrust, coupled with his aggressive behavior, that I didn't feel comfortable meeting with him in private, and would only meet with him unless I had a union representative present. He continued to try to bully and threaten me into a meeting by making statements such as, "if you don't meet with me you'll make things very difficult for yourself; you'll regret it." When I still refused to meet with him he yelled, "fine, don't meet with me, but I'm writing you up for insubordination; you put the nail in your own coffin." I took these statements as terrorist threats and harassment. I immediately went to Southern Station and filed a police report against him (please see SFPD incident report 180786350). A witness was present during Lieutenant Falzon's harassment; he would go on to verbally attack her in front of the entire office for still being present at work (please see witness statement from Leilani Leao). This case is pending investigation within Internal Affairs; unfortunately, I don't have the confidence that I will receive a thorough, professional, and equitable investigation and outcome. The next day, October 17, 2018, I received an email from Dennis Rodelas in the Behavioral Science Unit, informing me of their services. When I asked why was I receiving the email, he said that Lieutenant Falzon had recommended that I be made aware of their services, which suggests that Falzon can be harassing and antagonistic, then reverse the roles in an attempt to make it appear as if I am the one making trouble (please see email entitled "Behavioral Science Unit."

Within the last couple of weeks contacted Lieutenant Cox in Internal Affairs regarding the complaint I have filed against Lieutenant Falzon, and I was told by Lieutenant Cox that he has a full calendar year to complete the investigation. He went on to tell me that he does not have to disclose to me anything about the case e.g. investigator, case number, progress. He ended by saying, "If we have any questions or would like to interview, you'll receive a call." I found his remarks to be very suspicious, as if he's playing the "Good ole' boy game" in an attempt protect the actions of his colleague? Why is it deemed okay for someone with a badge, firearm, and rank within the department to behave in such a manner and suffer no accountability or consequences.

42

The most recent incident took place on November 5, 2018, when Mark Antonio and Sergeant Stephen Smalley came into my office to harass me. I had been undergoing an Internal Affairs investigation (that I believe was done out of retaliation), and they arrived to bring me the results. This particular day I was not feeling well, as I have several medical conditions, for which I am under a physicians care constantly; however, the years of harassment and a toxic work environment has caused periodic flare ups of the conditions. When I looked at the results and saw that it was recommended that I be suspended for 5 days, and that I had to attend a mandatory skelly hearing, quite naturally I became upset. I signed off as having received the results of the investigation. I informed both Sergeant Smalley and Mark Antonio that I was not feeling well, and to please leave me alone so I can gather my thoughts and emotions; they refused, and Mark Antonio continued by stating that my shift would be changing, and that they would be conducting my performance evaluation right then and there. I reiterated to them that I was not feeling well, and that if we could meet (them, myself and a union representative) on another day to do my performance evaluation. I then took out my cell phone and began to video recording them trying to make me endure all the things on their agendas. Mark Antonio finally said he's taking me out of service since I refused to meet with them further, and since my claim was that I was not feeling well. My claim is also that of harassment. They knew I would be upset with the outcome of the Internal Affairs investigation, so it appears that they conspired to further harass me, and provoke a response of anger out of me, by also wanting to change my shift, and simultaneously performing my performance evaluation. Their behaviors were indicative of constant harassment in an effort to get me terminated.

Due to the aforementioned incidents, my medical conditions have worsened, and I am currently on disability and unable to work. I am struggling just to live monthly due to the astronomical cost of living in the San Francisco Bay Area. Everyday I am stressed, anxious, battling depression, body swelling and in pain, and dreading the fact that I am due to return to an unsafe environment where I feel uncomfortable, insecure, and threatened. Since I have been off of work on disability (November 5, 2018 was my last day at work), there have been some strange occurrences including law enforcement and myself. One day I was driving on San Jose and Ocean Avenues, near the Ingleside Station, when a Police Officer drove next to me and yelled from his patrol car, "HEY... HEY... HEY. How fast are you driving?" I responded, "The speed limit of 25 mph." He proceeded to tell me I was lying and if I did not tell him the truth, he'd pull me over and give me a speeding ticket. I told him to do what he felt was in his best judgment as a professional. He then made a left turn.

On another day, my neighbor came home and in passing told me that a Police Officer was sitting directly across the street from our house. I looked outside and confirmed that a single Officer was seated in his patrol vehicle right across the street from my house. I was told early on in my employment with SFPD that Officers on patrol do so in teams of two. On yet another occasion, I received a call from my neighbor informing me that she was looking out of the window when a "long black car pulled up" to my car, one of the people inside got out, wrote down my license plate number, got back into the car and drove off. I do not take these incidents as coincidences or happenstance, and I am in fear of my safety and my life by law enforcement. I have made known to my family that if my life is taken, or if I am harmed, to immediately suspect the SFPD, obtain legal counsel, and go to the media. Hopefully, this will not happen; however, I do not take kindly to threats, nor do I appreciate being ignored and disrespected as I have been

during the past few years. Chief Scott, I am not a dishonest person, nor do I have any hidden motives or agendas. I have nothing to gain by making any of this up. Between the years 2015-2018, I was a doctoral student at The University of San Francisco pursuing my Doctor of Education degree. During this time many issues arose that required me to advocate for myself against Mark Antonio, Internal Affairs, and SEIU Local 1021. I also suffered the loss of several family members to death during that time. With everything going on in my life during those years, I did just as much writing defending myself to false allegations made against me, as I did writing papers for classes and my dissertation process. None of those letters have worked in my favor, as they either went unanswered or did not work in my favor. I am hoping for an equitable outcome with this letter. It is my hope that writing this letter and including the supporting documents are not in vain. I hope the words on these pages speak truth of my situations, and that you have looked beyond the words and heard my heart. It is also my hope that these issues will be addressed and not ignored, and parties be held accountable for their actions regardless of their titles, positions, and ranks.

Chief Scott, you are the only hope I have to ensure that I'm being treated in an equitable, respectful, and safe manner. I respect you as the Chief of Police; I believe you are a fair man. I'm hoping and praying you will conduct a thorough investigation will find the offenders guilty of doing wrong, and will hold said parties accountable for their acts of harassment, threatening me, and creating a toxic work environment. They should not be exempt from accountability and justice because they have badges, weapons, and ranking within the department. Thank you for meeting with me, and for the assistance you can provide me.

Respectfully Submitted,  
*Dr. Tyree Robinson*  
Dr. Tyree Robinson

A handwritten signature, possibly "TR", enclosed within a hand-drawn circle.

Sgt. Jesse Oropeza  
415/837-7146

**INTERNAL AFFAIRS DIVISION**

**ACCUSED MEMBER NOTIFICATION**

**DATE:** 07/25/2019

**TO:** Civilian Tyree Robinson

**ASSIGNED:** CISU

You are hereby notified and ordered to appear at:

The Internal Affairs Division, 4<sup>th</sup> Floor, Police Headquarters Building on Tuesday, August 20, 2019  
at 1100 hours to be interviewed regarding a matter under investigation.

**YOU ARE UNDER INVESTIGATION:**

For additional information relative to this interview, please contact

Sergeant J. Oropeza #205 at 837-7170.

Please bring your memorandum book and other material relevant to this incident.

Your appearance is mandatory unless excused in writing by the Officer-in-Charge of the Internal Affairs Division and, only written requests for continuances will be considered.

You are entitled to one representative and encouraged to bring that representative with you.

If you are currently on suspension without pay, you are still required to appear and you will be compensated at your usual hourly rate while at the Internal Affairs Division.

**WILLIAM SCOTT**  
Chief of Police

**BY:**

ANGELA WILHELM #716  
LIEUTENANT OF POLICE

**LIEUTENANT ANGELA WILHELM**  
Officer in Charge  
Internal Affairs Division

**ACTION:** This is the member's copy.

**Note:** It is recommended that he/she  
bring POA Attorney or Representative.

45

INTERNAL AFFAIRS DIVISION

SUPERVISOR'S NOTIFICATION

RE: IAD CASE # 2018-0201

Supervisor and member to sign this notification and return to Commanding Officer for forwarding to the Internal Affairs Division.

I Civilian Tyree Robinson acknowledge my interview  
on 08/20/2019 at 1000 hours on the 4<sup>th</sup> Floor of the Police Headquarters Building.

*I was out on Disability.*

*Never signed this.*

SUPERVISOR'S SIGNATURE  
OF SERVICE: *enq1a*

MEMBER'S SIGNATURE  
OF ACKNOWLEDGMENT

*[Signature]*  
A/Lt. Stephen Smalley #1685

(Signature) (Star No.)

**AUG 13 2019**

Date

(Signature) (Star No.)

Date

**ACTION:** After serving the name member, both the supervisor and member shall sign this form and return it through their Commanding Officer to IAD.

*46*

City and County of San  
Francisco  
Micki Callahan  
Human Resources Director



Department of Human  
Resources  
Connecting People with Purpose  
www.sfdhr.org

CONFIDENTIAL

August 9, 2019

Tyree Robinson

Via U.S. Mail

2

RE: Complaint of Discrimination, EEO File No. 3115

Dear Mr. Robinson:

The San Francisco Charter, Section 10.103, Civil Service Rule 203, and San Francisco Police Department (SFPD) General Order 1 1.07 provide that the Human Resources Director shall review and resolve complaints of employment discrimination. The Charter defines discrimination as a violation of civil rights on account of race, religion, disability, sex, age, or other protected category. The City and County of San Francisco (City) considers all allegations of discrimination a serious matter. The purpose of this letter is to inform you of my determination regarding your complaint EEO File No. 3115.

On May 14, 2019, the Department of Human Resources, Equal Employment Opportunity Division (DHR EEO) received your complaint from SFPD Inspector Lloyd Lew. You alleged that your supervisor, Mark Antonio, Chief Clerk at SFPD's Crime Information Services Division (CISD), retaliated against you for your previous EEO complaints against him. You also alleged that Lieutenant David Falzon, Lieutenant R. Andrew Cox, Mr. Antonio, and Sergeant Stephen Smalley harassed you.

Thank you for bringing your concerns to my attention. I recognize that the conduct alleged was upsetting to you and it may have been difficult for you to make your complaint. Please be advised that based on the information you provided, your allegations are untimely or do not raise an inference of harassment or retaliation. Therefore, DHR EEO will administratively close your complaint without further investigation. In the future, should you experience any inappropriate conduct, please do not hesitate to contact Inspector Lew at (415) 837-7178.

1. BACKGROUND AND ALLEGATIONS

47



Since January 2001, you have been employed as a 1426 Senior Clerk Typist at SFPD's CISD. Mr. Antonio is your supervisor, Lieutenant Falzon and Sergeant Smalley are in your chain of command at CISD, and Lieutenant Cox is assigned to the Internal Affairs Division (IAD). one South van Ness Avenue, 4<sup>th</sup> Floor san Francisco, CA 94103-5413 (415) 557-4800

A. Previous EEO Complaints

On November 12, 2015, you complained to Captain Eric Vintero that Mr. Antonio made an inappropriate comment to you, and SFPD forwarded your complaint to DHR EEO. In a letter dated December 22, 2015, DHR EEO informed you that your complaint was outside the jurisdiction of the City's EEO complaint procedures and would not be investigated further.

On February 12, 2016, you had a negative interaction with a member of the public while working at the front window of SFPD headquarters. On February 23, 2016, an SFPD employee reported your conduct to Mr. Antonio, who, in turn, reported the matter to IAD The IAD investigation sustained the allegations, and you were issued a written warning and ordered to re-train on SFPD policies and procedures.

On March 27, 2016, you complained to Captain Vintero that Mr. Antonio retaliated against you for your November 12, 2015 complaint against him by reporting the February 12, 2016 incident to IAD On March 29, 2016, SFPD forwarded your complaint to DHR EEO. In a letter dated September 2, 2016, I informed you that DHR EEO would not investigate your allegations further because they did not raise an inference of retaliation.

B. Retaliation Allegations

You alleged Mr. Antonio retaliated against you for your previous EEO complaints against him by reporting to IAD that you were neglectful of your duties, failed to comply with written Department orders, and failed to attend a mandatory training course. You learned of the investigation on August 22, 2018, when IAD served you with an Accused Member Notification.

C. Harassment Allegations

You alleged that on October 16, 2018, Lieutenant Falzon harassed you. That day, you arrived to work to find that he ordered a sergeant to empty your file cabinet of your personal belongings and remove it from your office. When Lieutenant Falzon came to your office to speak with you about the matter, he aggressively demanded to talk in private. When you declined, he said, "If you don't meet with me, you'll make things very difficult for yourself. You'll regret it," and, "Fine, don't meet with me, but I'm writing you up for insubordination. You put the nail in your own coffin." After this interaction, you filed a police report against Lieutenant Falzon, which resulted in the initiation of an IAD investigation into his alleged conduct.

48

You further alleged that on October 17, 2018, Lieutenant Falzon harassed you by requesting that the Behavioral Science Unit (BSU) contact you to inform you of its services. You believe he did so to antagonize you and cast you as a trouble maker.

You also alleged that in April 2019, you contacted Lieutenant Cox regarding your complaint against Lieutenant Falzon, and he told you he has a full calendar year to complete the investigation and did not have to disclose anything about the case to you.

In addition, you alleged that on November 5, 2018, Mr. Antonio and Sergeant Smalley harassed you by coming to your office to inform you about the conclusion of the August 2018 IAD investigation. When you learned that IAD recommended a five-day suspension and a Skelly hearing, you became upset, said you were not feeling well, and told them to leave you alone. They refused, and Mr. Antonio informed you that your shift would be changing and they would be conducting your performance evaluation. You declined to meet with them and began making a video recording of them. Then, Mr. Antonio took you out of service.

D. Other Allegations

Beginning on November 6, 2018, you went on disability leave, and you alleged that since that time, you have had some "strange occurrences" with unidentified members of law enforcement. On an unknown date, while you were driving near the Ingleside Station, a police officer drove up next to you and asked how fast you were driving. You replied that you were driving the speed limit, and he responded that you were lying and if you did not tell the truth, he would pull you over and give you a speeding ticket; however, he drove away without stopping you. On another unknown date, you saw a police officer sitting in his patrol vehicle across the street from your house. On a third unknown date, a neighbor informed you that she saw a "long black car" pull up to your car and observed a person get out and write down your license plate number.

You reported the present allegations in a letter dated April 28, 2019, which SFPD received on May 6, 2019.

11. INVESTIGATIVE STANDARDS AND ANALYSIS

A. No EEO Jurisdiction Over Untimely Allegations

Under the City's internal complaint procedure, discrimination complaints must be filed within 180 calendar days of the date the alleged discriminatory action took place or the date the employee would have first become aware of the discriminatory action.

You alleged Mr. Antonio retaliated against you for your previous EEO complaints against him by initiating an IAD investigation against you, which you learned about on August 22, 2018. You alleged that on October 16 and October 17, 2018, Lieutenant Falzon harassed you by speaking to you in an aggressive, threatening manner and by asking the BSU to contact you. You alleged that on November 5, 2018, Mr. Antonio and Sergeant Smalley harassed you by informing you of the

49

findings of the IAD investigation, telling you that your shift would be changing, and stating that they would be conducting your performance evaluation. SFPD received your complaint regarding these allegations on May 6, 2019, more than 180 days after the alleged conduct occurred. Therefore, these allegations are untimely, outside the jurisdiction of the City's EEO complaint procedures, and will not be investigated further.

**B. Insufficient Allegations to Support Retaliation**

To warrant further investigation, a retaliation complaint must sufficiently allege all of the following: (1) you engaged in a protected activity; (2) you suffered an adverse employment action; and (3) there is a causal link between the protected activity and the adverse employment action. An adverse employment action is any objectively materially adverse action affecting the terms, conditions, or privileges of employment. Actions considered materially adverse are those that impair a reasonable employee's job performance or prospects for advancement, or those that would dissuade a reasonable employee from supporting a discrimination complaint.

You alleged that in approximately August 2018, Mr. Antonio retaliated against you for your November 12, 2015 and March 27, 2016 EEO complaints against him by initiating an IAD investigation into allegations that you engaged in workplace misconduct. As explained in the previous section, DHR EEO is not investigating these allegations because they are untimely. However, even if they were untimely, the commencement of an IAD investigation is not an adverse employment action. Also, there is insufficient information demonstrating a causal link between your complaints more than two years earlier and the August 2018 IAD investigation. Therefore, your allegations do not raise an inference of retaliation and will not be investigated further.

**C. Insufficient Allegations to Support Harassment**

To warrant further investigation, a harassment complaint must sufficiently allege all of the following: (1) you were subjected to physical, verbal, or visual conduct on account of your membership in a protected category; (2) the conduct was unwelcome; and (3) the conduct was sufficiently severe or pervasive as to alter the condition of your employment and create an abusive working environment. Severe behavior may be a single incident that is so extremely offensive that it seriously affects the recipient's work environment, and it is more likely to occur when the conduct is physical. Pervasive behavior occurs where there is a concerted pattern of repeated, routine, or generalized harassment. Occasional, isolated, sporadic, or trivial conduct does not give rise to a harassment claim.

You alleged that on October 16 and October 17, 2018, Lieutenant Falzon harassed you by speaking you in an aggressive, threatening manner and asking BSU to contact you about its services. As explained above, DHR EEO is not investigating these allegations because they are untimely. However, even if you timely raised these allegations, they are outside the jurisdiction of the City's EEO complaint procedures and do not raise an inference of harassment because you

50

did not allege Lieutenant Falzon engaged in this conduct due to your membership in any protected category. Moreover, his conduct on two occasions was insufficient to alter the condition of your employment and create an abusive working environment.

You alleged that in April 2019, Lieutenant Cox told you that he had a full calendar year to complete the investigation into your allegations against Lieutenant Falzon and did not have to disclose anything about the case to you. These allegations are outside the jurisdiction of the City's EEO complaint procedures because you did not allege Lieutenant Cox engaged in this conduct due to your membership in any protected category. In addition, his statements to you regarding the IAD investigation process are not harassment.

You alleged that on November 5, 2018, Mr. Antonio and Sergeant Smalley harassed you by telling you about the findings of the IAD investigation, informing you of your shift change, and stating that they would conduct your performance evaluation. As previously explained, these allegations are untimely. However, even if they were timely, they are insufficient to raise an inference of harassment because you did not allege Mr. Antonio and Sergeant Smalley engaged in this conduct due to your protected category membership, and their informing you of the IAD findings, shift change, and performance evaluation are legitimate personnel actions, not harassment. Therefore, your allegations will not be investigated further.

D. No EEO Jurisdiction Over Non-EEO Allegations

You alleged that on unknown dates since November 6, 2018, you have experienced "strange occurrences" with law enforcement, including an SFPD officer questioning how fast you were driving, an SFPD officer sitting in a patrol vehicle near your home, and an unidentified individual apparently writing down your license plate number. However, these allegations are outside the jurisdiction of the City's EEO complaint procedures because you did not allege these unidentified officers and other person engaged in the conduct due to your membership in any protected category or your participation in any protected activity. Therefore, these allegations will not be investigated further.

111. HUMAN RESOURCES DIRECTOR'S DETERMINATION

Based on the information you provided, it is my determination that your complaint, EEO File No. 3115, will not be investigated further and is administratively closed. The decision of the Human Resources Director is final unless it is appealed to the Civil Service Commission and is reversed or modified. A request for appeal must be received by the Civil Service Commission at 25 Van Ness Avenue, Room 720, San Francisco, CA, 94102, within 30 calendar days from the postmarked mailing date of this letter.

For your information, you may also file a complaint of employment discrimination with the California Department of Fair Employment and Housing or the United States Equal Employment Opportunity Commission. Contact these agencies directly for filing instructions and deadlines.

(51)

Tyree Robinson  
EEO File No. 3115  
Page 6 of 7

We appreciate that you reported your concerns so that they may be reviewed. Please feel free to contact Linda C. Simon, Director, EEO and Leave Programs, Department of Human Resources, at (415) 557-4837, should you have any questions.

Sincerely,

A handwritten signature in cursive script, appearing to read "Micki Callahan".

Micki Callahan  
Human Resources Director

Tyree Robinson

EEO File No. 3115

Page 6 of 6

c: Chief William Scott, SFPD Chief of Police  
Commander Peter Walsh, Office of the Chief of Staff, SFPD  
Acting Captain Kathryn Waaland, Risk Management Director, SFPD  
Inspector Lloyd Lew, SFPD EEO Liaison Officer  
Linda C. Simon, Director, EEO and Leave Programs, DHR

53

March 18, 2020

Tyree Robinson, Ed.D.

San Francisco Police Department  
Internal Affairs Unit  
1251 3<sup>rd</sup> St.  
San Francisco, CA 95158

Re: Complaint against Chief Clerk Mark Antonio

To Whom It May Concern:

This letter serves as a formal complaint and request for investigation against Chief Clerk, Mark Antonio, swing-shift Records Supervisor of the Crime Information Systems Unit (CISU). On February 10, 2020, I received an email from Mark informing me that corrections needed to be made on my most recent FMLA form (see attached entitled "Email from Mark FMLA doc"). I had not had an opportunity to check my email that day, so I received a call from Mark later that evening ensuring that I had received the email. I told Mark that I would check my email, make the necessary corrections, and forward the form back to him. As I prepared to end the call Mark asked me, "would you be interested in transferring to the ID Bureau upon your return in May?" I responded to Mark by saying, "I'm out on sick leave and I am not prepared to make a decision at this point; upon my return to work in May, I will consider it." His reply was, "Okay, Ben Houston will be calling you with more information about the position." We then said "goodbye" and ended the call. Let me be upfront and clear: I NEVER AGREED TO TRANSFER ANYWHERE WHILE I AM OUT ON SICK LEAVE!

I was upset that Mark had the nerve to ask me about a transfer while I am out on sick leave, suffering from numerous medical and emotional conditions as a result of his harassment, lies, deceit, and his collaborative team consisting of the command staff, which includes Lt. David Falzon, Sgt. Patricia Brown, Sgt. Stephen Smalley, and Chief William Scott. All of these individuals have allowed Mark Antonio to behave in the aforementioned manner without consequence or accountability. It would be negligent of me not to include Mark's good friend and Local SEIU 1021 Union counterpart, Representative Arcelia Montoya to the list of people who is also a part of this collaboration of people who approves of Mark's inappropriate behaviors. I never received a call from Human Resources Manager, Benjamin Houston, as Mark said I would be receiving. Maybe Benjamin had enough good sense, intelligence, and perhaps a little sensitivity and compassion as to not bother someone who is out of work on sick leave.

The case went to mediation.  
HR DIRECTOR BENJAMIN HOUSTON  
Transferred me while on sick leave  
without my approval to SFPD ID Section.  
ID Section had no available positions for  
me should I had returned to SFPD.  
Mediator deemed the transfer ~~as~~  
illegal and unethical, and ruled that  
I be transferred back to CISU.

54

On Friday, February 21, 2020, I began receiving text messages from my colleagues congratulating me on my transfer to the ID Bureau. Upon my questioning of them regarding where they received such information that I had not received or was even made aware of, I was told that my name was on the department's transfer list (please see attached file entitled "2020 Personnel Order No. 4). As you can see on page 4 of 6, the last line has my classification of 1426, my name, my current department of CISU, and my new department of Identification Section, with an effective date of Saturday, February 22, 2020; per request of D.C. Admin. Again I state that I was not made aware of any transfer; I never received a call from Benjamin Houston. I have no idea what my job responsibilities and duties would be, what my work schedule would be, who my new supervisor would be, nor any other information about working in the ID Bureau. I am sickened at the fact that I could be transferred from the unit and my position worked there while being out on sick leave.

This behavior is a result of Mark Antonio's issues of control and attitude that he can harass me as he pleases, even while I'm out of the office and have been since November 5, 2018, due to the fact that I am disliked by; have filed reports against, and held to a level of accountability, the SFPD command staff, and the San Francisco Human Resources Director Micki Callahan. Unfortunately for me, every time I have launched complaints against Mark Antonio and the command staff, I am never questioned about my occurrence of events from SFDHR nor SFPD's Internal Affairs Unit, and Mark Antonio is never found to be at fault for any wrong doing, which only feeds his ego, and gives him further courage to continue to behave in insensitive, unethical, and I'd even venture to say illegal activities. I believe his ultimate goal is to get me terminated from my position of 1426 Senior Clerk Typist, a position I have held for the past 19 years.

Mark Antonio harassment of me has long gone unchecked, and he has never faced any form of accountability. I am asking that an investigation be launched by SFPD's Internal Affairs Division, the SFDHR's Office, and I expect the support of the SEIU Local 1021 Union representatives and administrators during this time. This matter has caused me greater anxiety and emotional distress, and intensifies my physical suffering. When will Mark Antonio, along with those listed throughout this letter be held accountable for their unprofessional, unethical, and downright wrong behaviors that are so obvious that anybody with half of a gnats brain could see the wrong in? Mark has harassed me for many years; he has abused his control as a supervisor; I have documents proving such bad behaviors that are thicker than my graduate school's Master's Thesis. My late paternal grandmother taught her family that "it doesn't cost a thing to be kind to someone, for the good you do to others will come back to you double-fold." I'm so grateful for the wisdom she poured into my life; it's a sad tragedy that the people listed in this letter as culprits against me either didn't receive similar wise teachings, or if they did, they certainly don't apply them in their lives in which they hold positions of leadership. Again, I ask for your help in seeking justice for the wrong that has occurred in this instance.

Respectfully submitted,

*Dr. Tyree Robinson*  
Dr. Tyree Robinson

55



**Carol Chambers, Psy.D., QME**  
Lic. PSY 27159  
PO Box 2184  
Nevada City, CA 95959  
Tel (530) 635 1996  
Fax (530) 331 0169  
drcarolchambers@gmail.com

Date: 08/06/20

Victor Lee  
Claims Adjuster  
Division of Workers' Compensation/DHR  
One South Van Ness Avenue, 4th Floor  
San Francisco, CA 94103-5413

David Hart, Esq.  
Law Office of David Hart  
340 Eureka Square  
Pacifica, CA 94004

Matthew Barravecchia  
Deputy City Attorney  
Office of City Attorney Dennis Herrera  
City Hall, Room 234  
1 Dr. Carlton B. Goodlett Pl.  
San Francisco, CA 94102

**QUALIFIED MEDICAL EVALUATION PSYCHOLOGY**

Re:	Patient:	<b>ROBINSON, TYREE</b>
	Date of Birth:	12/01/1975
	Employer:	City and County of San Francisco Police Department
	Occupation:	Senior Clerk Typist
	Claim Number:	201848
	Date of Injury:	11/01/15
	Evaluation Date:	07/08/20

Carol Chambers Psy.D.  
*Psychology*

**Robinson, Tyree**  
08/06/20

57

**Date of Report:**  
**Evaluating Doctor:**

**08/06/20**  
**Carol Chambers, Psy.D.**

## **IDENTIFYING DATA**

Mr. Robinson is a 44-year-old single man with the residential address: Mr. Robinson was employed at City and County of San Francisco Police Department as a senior clerk typist, where he sustained an alleged psychiatric injury on 11/01/15. He was interviewed on 07/08/20 at my office at 1390 Market Street, Suite 200, San Francisco, CA 94102.

## **SOURCES OF INFORMATION**

The information used in the preparation of this report came from the following sources:

1. A 10 hour-long review and analysis of 340 pages of medical and legal records, which were forwarded to me prior to the examination.
2. A three hour-long psychiatric interview with the applicant, which I conducted in my office on 07/08/20.
3. Results of psychological testing, which I presented to Mr. Robinson on the date of the examination, 07/08/20.

## **NOTIFICATION**

I advised Mr. Robinson of the purpose and significance of the interview and the evaluation, and I obtained his consent to provide the information to the recipient of this report. I explained the limited nature of my role, and he confirmed that he understood the nature, purpose, and significance of the evaluation, and that he understood that he was not receiving treatment from me. All necessary medical-legal disclosures were made to Mr. Robinson, and consents were obtained from him.

## **INTERPRETER**

No interpreter was used.

Carol Chambers Psy.D.  
*Psychology*

**Robinson, Tyree**  
**08/06/20**

2

58

## SOURCES OF INFORMATION

- Clinical Interview
- Mini Mental Status Evaluation (MMSE)
- Personality Assessment Inventory (PAI)
- Beck Depression Inventory (BDI)
- Beck Anxiety Inventory (BAI)
- PTSD Checklist (PCL-C)
- Epworth Sleepiness Scale
- ADL questionnaire

This report meets criteria for medical-legal code ML104-95 as it is a complex psychological evaluation of the applicant containing a detailed family, social, medical and psychiatric history. Labor Code also requires that this Qualified Medical Evaluation include a discussion of Causation, Apportionment, Disability Status and other relevant medical-legal issues. Details concerning time spent and the method of evaluation can be found at the end of this report.

## CURRENT PRESENTING SYMPTOMS

On the date of the evaluation, Mr. Robinson reported that he was experiencing the following symptoms:

1. **Anxiety:** he reported experiencing continuous anxious mood with rumination and excessive worrying.
2. **Panic attacks:** he reported experiencing periodic panic symptoms, including shakiness, shortness of breath and nausea. He reported experiencing approximately 15 of these episodes per month He described an episode as: "I feel like I am losing control, like I will die, my heart races, I am short of breath, looking for an escape route. Sometimes they come out of the blue. Recently I was walking at the Marina and out of nowhere I felt out of control, I wanted to run and my heart was racing. A friend of mine was with me, he grabbed my arm, but I couldn't even talk." He rated his current level of anxiety as 8 to 10/10 (10=most severe).
3. **Hyperarousal:** he reported being easily startled, and finds it difficult to relax
4. **Hypervigilance:** he reported being continually hyper-focused on his surroundings, in case a perceived threat to his safety should arise.
5. **Depressed mood:** he reported feelings of depressed mood, hopelessness, and

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

loss of interest in previously enjoyed activities. He rated his current level of depression as 7/10 (10=most severe).

6. **Binge-eating with weight gain:** he reported that he awakes in the middle of the night and goes into the kitchen to eat excessive amounts of food (e.g. ice cream), while ruminating and worrying. He feels depressed after these episodes. He stated he has gained "well over 100 pounds" over the past three years. He denied having engaged in any purging behaviors.
7. **Sleep disturbance:** he complained of difficulty falling asleep and staying asleep, as he finds it difficult to relax, due to anxiety. He also has sleep apnea, which he stated is adequately managed with a prescribed CPAP device. He reports currently experiencing mild daytime drowsiness.
8. **Difficulty concentrating:** He reported that he has found it difficult to concentrate since the date of injury of 11/01/15. For example, while reading, his mind drifts and he cannot remember what he has read.

Overall, Mr. Robinson described his mental state since the date of his alleged psychiatric injury on 11/01/15 as a combination of anxiety, panic attacks, hyperarousal, hypervigilance, depressed mood, sleep impairment and disturbed appetite with binge eating.

## REVIEW OF RECORDS

The following records were received prior to the evaluation, and were reviewed:

### 1. David Claman, M.D.

A Final Polysomnography Report from the UCSF Sleep Disorders Center dated February 7, 2018 was reviewed. Testing was done due to suspected OSA in a patient with snoring, possible apnea, and sleepiness. Interpretations: 1) Very severe OSA characterized by obstructive respiratory events and oxygen desaturation. 2) Insomnia and poor sleep hygiene are present. Sleep hygiene has been addressed. 3) Morbid obesity is present, and lifestyle measures have been discussed in detail to encourage weight reduction. 4) Depression and anxiety are treated with sertraline and alprazolam. It was recommended that the patient use a nasal CPAP at 13 cm for treatment of his OSA. Even though a CPAP may improve his sleepiness, regular use was required with follow-up to assess persistent sleepiness. Minimum required CPAP use was 4 hours to meet insurance necessities; medical recommendation was 7 or more hours nightly for maximum clinical benefit. He does have the CPAP; a new mask and headgear was ordered. Discussed sleep hygiene with the patient, with recommendations to improve his sleep efficiency. He was advised to lose weight. He is not to drive when drowsy.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

4



"AWAKE" support group for CPAP and Bi-Level users, information given. He is to follow up with Dr. Alvin Wong, his PCP.

## 2. Michael Auza, M.D.

A State of California Employment Development Department document from Michael Auza, M.D. dated 11/19/18 was reviewed, stating that the applicant has been under his care since 11/05/18.

### Diagnoses:

F41.0 Panic Disorder

F33.2 Major depressive disorder, recurrent severe

F43.10 Post-Traumatic Stress Disorder

Findings: Anxiety, restlessness, insomnia, panic, shortness of breath, increased heartrate.

The disabling condition was found to have been caused and/or aggravated by the patient's regular or customary work.

A comprehensive psychiatric report dated December 3, 2018 was reviewed. The patient physically attended this session. Also noted interactive complexity due to maladaptive communication. The patient complained of anxiety, panic attacks, depressed mood, and insomnia with sleep apnea. He was anxious and needed repetitive redirection and reassurance. He stated that his anxiety was worsening due to taking a leave from work because he felt harassed. He was going to file an appeal and will talk with a supervisor at EDD. He noted moderate to severe panic symptoms with an elevated heart rate and a depressed mood in connection with work stress. He experienced insomnia nightly for several hours, with multiple mid-sleep interruptions, with desires to sleep more during the day, and he then becomes restless at night. He had no income, and he was concerned about not being able to pay his rent this month. He noted sadness around the holidays due to the death of his grandparents, whom he had been close to. He stated that he was being pressured by his mother to help financially and do things while he was not working. He was taking alprazolam 2 mg QID, sertraline 225 mg QD, melatonin 10 mg QHS PRN, and Belsomra 20 mg QHS PRN. He had been prescribed trazodone 100 mg but unsure of compliance. Stressors including severe stress due to family, friends, economic, occupational, and housing issues, and moderate stress due to educational concerns. Past history included history of fatty liver disease and sleep apnea. Social history: The patient's "EDD claim was denied due to reporting that it was caused by work." Review of systems included feeling depressed, difficulty concentrating, anxiety, insomnia, excessive moodiness, and stress. Also noted increased appetite, weight gain, fatigue/lethargy, and sleep pattern disruption. He also noted a cough. The patient's inconsistent compliance with sleep medications had led to his irregular sleep pattern. On examination, the patient weighed 330 pounds. He appeared disheveled. There was

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20



intermittent eye contact, elevated psychomotor activity, rapid/pressured and loud speech. His mood was anxious and irritable. Affect was fearful/anxious, with anger/rage. Thought process was circumstantial. Thought content showed poor confidence/esteem and perseverations. He was alert and oriented x4. Assessment: Sources of risk included risk of functional impairment with threat of job loss or school failure. Risk of family disruption or deterioration. Suicide risk factors included diagnosis of major depression, current sleep problems, currently has panic or significant anxiety, history of childhood sexual abuse and financial strain. Suicide protective factors included actively making future plans, had hope for the future, showed attachment to life, has responsibilities to kids, family, and others, embedded in protective social network/family, his belief that suicide was immoral or will be punished, hope that current treatment direction would be effective, and taking steps to engage in treatment. Suicide prevention plan included having someone checking in with him regularly, receiving treatment for depression, received medication prescription for insomnia, and received behavior/cognitive and coping prescriptions for insomnia. Diagnoses: Axis I: Major depressive disorder, recurrent episode with psychotic features. Panic disorder. Posttraumatic stress disorder. Idiopathic central sleep apnea. Axis II: No diagnosis. Axis III: No diagnosis. Axis IV: Financial, work-related, family discord. Axis V: GAF = 40. Impression: Worsening agitation, anxiety, and irritability; insomnia stable/improved; recent cough, minor/self-limited. The patient was treated with supportive therapy. Discussed increasing his self-esteem with regard to efficacy at his work. Discussed setting limits to work stress. The patient is to continue with his current treatment plan. He is to improve his compliance. He was referred to his PCP for medical evaluation. FMLA form for Classification 1426 Sr. Clerk Typist at City & County of SF Police Dept: Cat 2, start November 5, 2018, 3 months duration, continuous leave November 5, 2018 to January 31, 2019; personnel official Nancy Zellers. Review of CURES showed no evidence of misuse of controlled substance. Medications were refilled.

A comprehensive psychiatric report dated December 17, 2018 was reviewed. The patient stated that he felt "really stressful" with regard to feeling retaliated against by his workplace. He felt agitated, with increased anxiety and depression which were moderate to severe levels. He had episodes of intense anxiety with restlessness and insomnia three to four times per day and which lasted 20 minutes. These episodes had been present for 10 days. His anxiety and depression were increased with communication with his employer and were improved with reduction in this communication. He had submitted a letter to his work/commander regarding his situation. He was "interviewing at Fresno." Review of systems remained unchanged, except for recent URI and nightmares. The patient noted inconsistent compliance with sleep medications. On examination, he weighed 331 pounds. Remainder of exam remained unchanged. Assessment: Sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. He denied suicide ideation or homicidal ideation. Problems: New: Agitation.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

6

(62)

Established, worsening: anxiety, depression. Established, stable/improving: Panic. Self-limiting/minor: Recent URI. The patient was treated with supportive therapy. Discussed limits of appropriate interactions vs. harassment. Discussed ways to look for a new job and to strengthen support from family and friends. He is to continue with current treatment plan. He is to improve his compliance. FMLA continuous leave November 5, 2018 to January 31, 2019.

A comprehensive psychiatric report dated January 10, 2019 was reviewed. The patient complained of anxiety and low motivation. "I feel like life is slipping away from me." "I don't even get out of bed. That's not me." "My family is haywire ... they all think I'm a bank." His grandmother died on December 28<sup>th</sup>, causing him increased depression. His appetite was between low and binge eating on sugary foods. He had moderate to severe levels of anxiety three to four times daily for the past four days. This was worse with thinking about the stress of planning a memorial for his grandmother. His anxiety was associated with low appetite, insomnia, and hypersomnia due to his problems getting out of bed. Alprazolam improved his anxiety. He denied suicidal ideation, but he noted that he had a mild passive death wish; "If I just dropped off to heaven, I'd be okay with that, "but patient reassures this writer that he has no wish to take action to end his life." Stressors remained unchanged. The patient had canceled his interview in Fresno. Review of systems remained unchanged. On examination, the patient weighed 332 pounds. He was disheveled and tearful. His speech was rapid/pressured, loud. His mood was sad/depressed, anxious, and irritable. Affect was mood-congruent, fearful/anxious, with anger/rage. Thought content showed poor confidence/esteem. He was alert and oriented x4. Assessment: Source of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Alternate diagnoses that are being considered included rule out adjustment disorder, major depressive disorder with psychotic features, and generalized anxiety disorder. Impression: Problems: New: Hypersomnia and poor appetite. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Grief. The patient was treated with supportive therapy. Discussed stages of grief, including denial, anger, bargaining, depression, and acceptance. Discussed placing limits on friends and family with regard to financial support and emotional support for those who do not return this. He is to continue with his current treatment plan. Estimated return to work on February 1, 2019 was extended to May 31, 2019 because of inadequate response to treatment. The EDD appeal was successful for his return to work on February 1, 2019; will extend at next visit.

A comprehensive psychiatric report dated January 24, 2019 was reviewed. The patient was seen for follow-up of anxiety. He noted episodes of moderate to severe levels of anxiety which lasted 10 to 30 minutes, two to four times a day, and occurred daily for the

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

7

63



past two weeks. He had panic symptoms with an elevated heart rate with palpitations associated with his anxiety. His anxiety was worse when grieving his grandmother's death and was improved when he avoided interactions with his family. He stated that he had applied for a job at the University in Fresno due to his severe symptoms. He continued to binge eat, as well as socially isolate. He orders meals from Grub Hub so that he did not have to go out. He denied suicidal ideation, plan, or intent. He noted occasional dizziness and dehydration. He was taking alprazolam 2 mg QID, sertraline 225 mg QD, hydroxyzine 100 mg QHS PRN, melatonin 10 mg QHS PRN, and Belsomra 20 mg QHS PRN. He had been prescribed trazodone 100 mg but unsure of compliance. Stressors remained unchanged. Past history: With regard to family history, the patient noted that his mother was gambling. With regard to social history, his grandmother was cremated in January 2019; he was writing her obituary. He denied the use of alcohol, but he did have a sip after his grandmother's death. Review of systems included loss of appetite, weight gain, fatigue/lethargy, and sleep issues. He noted dizziness/vertigo. He noted that he felt depressed, had difficulty concentrating, anxiety, insomnia, excessive moodiness, stress, and nightmares. On examination, the patient weighed 330 pounds. He was disheveled. His mood was sad/depressed, anxious, irritable. Affect was mood-congruent, fearful/anxious, sad/depressed, and with anger/rage. Thought process was tangential. Thought content showed poor confidence/esteem. He was alert and oriented. Assessment: Source of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Hypersomnia. Psychotherapy: Behavioral activation. Discussed ways of coping with his depressed mood and grief and not allowing the grief to keep him from appropriate social and occupation functioning. He is to work on goals for self-sufficiency, maintaining regular exercise routine, healthy diet, and good sleep hygiene. Discussed ways for networking to increase his social network and occupational interests. He is to continue with current treatment plan. The EDD was extended for him to return to work on June 1, 2019.

A comprehensive psychiatric report dated February 14, 2019 was reviewed. The patient stated that he had increased anxiousness and depression following increased pain with recent dental emergencies. His insomnia was worse because of his pain and increased moderate to severe anxiety. He was motivated and future-oriented to volunteer; however, he was having anxiety one to four times a day, and each episode lasted 10 to 15 minutes. His anxiety had occurred with panic daily in the last week. His anxiety was worse with mourning his grandmother's death and was better if he avoids being with family. His anxiety was associated with his insomnia and increased irritability. Stressors, review of systems, and past history remained unchanged. The patient was vague regarding compliance with his SSRI and inconsistent compliance with sleep medications. On examination, the patient weighed 331 pounds. He had elevated psychomotor activity. Mood was sad/depressed, anxious, and irritable. Affect was mood-congruent,





fearful/anxious, sad/depressed, with embarrassment/shame, and with anger/rage. Thought content noted poor confidence/esteem and perseverations. He was alert and oriented x4. Assessment: Source of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Dental pain. Psychotherapy included supportive therapy, behavioral activation, and CBT. Triggers were identified regarding stress, insomnia, anxiety, and irritability. Strategies discussed for ways to cope with chaotic relationships with his immediate and extended family. Work on a deeper understanding of his automatic negative responses regarding his mother's behaviors, and he was given more positive, balanced, alternate thoughts to counteract the negative responses. He is to continue with his current treatment plan. The patient's employer has him as "inactive status," but he thought that he still had his benefits. He was interested in Telemedicine; he would check with his insurance company.

A comprehensive psychiatric report dated March 5, 2019 was reviewed. The patient presented for follow-up with complaints of anxiety and depression. He stated that his anxiety was worse in the past two weeks, with moderate to severe levels of anxiety two to three times a day, which lasted 10 to 20 minutes each. His anxiety was worse when he was sleep-deprived. When his sleep was better, his anxiety was better. He was taking alprazolam 2 mg QID, sertraline 225 mg QD, hydroxyzine 100 mg QHS PRN, melatonin 10 mg QHS PRN, and Belsomra 20 mg QHS PRN. He was also prescribed trazodone 100 mg QHS PRN, unsure of compliance. The patient was vague about use of SSRI, and there was inconsistent compliance with sleep medications, causing an irregular sleep pattern. The patient noted severe stress due to family, friends, relationship, economic, occupational, and housing concerns. He noted moderate stress due to educational and health concerns and mild stress due to legal issues. The patient noted that his sister had a history of anxiety. He had started to volunteer at a college prep center. Review of systems included weight gain, fatigue/lethargy, sleep issues, feeling depressed, difficulty concentrating, anxiety, insomnia, excessive moodiness, and stress due to other psychiatric issues. He recently had a URI/cold. On examination, the patient weighed 332 pounds. He was appropriately dressed and groomed. He was cooperative, with intermittent eye contact and elevated psychomotor activity. His mood was congruent, fearful, anxious, sad/depressed, embarrassed/ashamed, and angry/with rage. He was alert and oriented x4. Both recent and remote memory was intact. There was no evidence of immediate risk to harm himself or others. Risk factors for suicide/self-harm included diagnosis of major depression, sleep issues, panic/significant anxiety, history of sexual abuse as a child, and financial difficulties. Suicide protective factors for this patient included actively making future plans, discussing hope for the future, showed attachment to life, responsibilities regarding his children, family, and others, his belief that as a Catholic, suicide was wrong and would be punished, hope that his treatment will be effective and that he was doing what was needed to engage in treatment. A suicide prevention plan

was created due to his risk and protective factors noted and the need to lower the probability of suicide. Plan included having someone check on the patient regularly, medications for his insomnia, behavior/cognitive/coping, anxiety/agitation, and panic, and treatment for his depression. Problem-solving strategies for social isolation, financial strain, and unemployment were provided. Diagnoses: Axis I: Major depressive disorder, recurrent episode, with psychotic features. Panic disorder. PTSD. Axis II: Idiopathic central sleep apnea. Axis III: No assigned diagnosis. Obesity, unspecified. Axis: IV: Financial, work-related, and family discord. Axis V: GAF = 40. There were alternative diagnoses being considered, which included rule out major depressive disorder with psychotic features, generalized anxiety disorder, and adjustment disorder. Impression: Problems: Dental pain, which was new. Established, worsening: Anxiety and depression. Established, stable/improving: Panic and self-limiting/minor grief. The patient was treated with supportive therapy and behavioral activation. Supported his self-esteem and confidence in committing to his decision to put up and maintain his boundaries. He did have a fear of consequences of setting boundaries with his family; "I'm afraid to see them walk" out of his life. The patient stated that he felt like an "afterthought" and was not being seen, respectively. Discussed themes of grief, particularly about his grandmother's death and "Dr. Auza's move." The patient is to continue with current medications; he needed to improve his compliance. He is to continue with psychotherapy focus and counseling focus. He was referred to his PCP for evaluation. The FMLA continuous leave from November 5, 2018 to January 31, 2019 was extended through May 31, 2019 due to poor response with interventions. EDD CED November 5, 2018 with return to work June 1, 2019. He stated that his benefits were now active. He was interested in Telemedicine, and he is to contact his insurance by his next visit.

A comprehensive psychiatric report dated March 19, 2019 was reviewed. The patient was present for this session. Additionally, interactive complexity due to maladaptive communication with anxious patient required repetitive redirect and reassurance. The patient presented with complaints of anxiety and irritability. His anxiety was associated with increased irritability and when he felt on edge. His anxiety was worse when he drives and when he needed sleep, and it improved with sleep. He rated his anxiety as moderate to severe, with episodes two to three times per day lasting 10 to 15 minutes. This had been daily for the past two weeks. His anxiety could happen any time of day but was worse at night if he were unable to sleep. "He endorses increased rumination recently on generalized anxiety." He was taking alprazolam 2 mg QID, sertraline 225 mg QD, hydroxyzine 100 mg QHS PRN, melatonin 10 mg QHS PRN and Belsomra 20 mg QHS PRN. He was also taking trazodone 100 mg QHS PRN, but questioned compliance. The patient was vague about his compliance with SSRI. He was also inconsistent with compliance with sleep medications, causing irregular sleep patterns daily. His stressors remained unchanged from his previous visit. His past

66

history and social history remained unchanged, except that his family history included his mother's anxiety. With regard to his social history, his grandmother's funeral/celebration of life was the prior Saturday. The patient paid for all of it. Review of systems was positive for increased appetite, weight gain, fatigue/lethargy, and his sleep issues. The patient noted feeling depressed, difficulty concentrating, anxiety, insomnia, excessive moodiness, and stress. On examination, the patient weighed 331 pounds. He was appropriately dressed and groomed. His behavior was cooperative, with normal psychomotor activity, and improved eye contact. His speech was rapid/pressured and loud. He was anxious and irritable. Affect was mood-congruent, fearful/anxious, with embarrassment/shame, with anger/rage. Thought process was goal-directed, logical, organized, linear, and circumstantial. Thought content showed no abnormal content and was future-oriented. He denied suicidal ideation or homicidal ideation. He had poor confidence/esteem. Ruminations were present. Insight and judgment were intact. He was alert and oriented x4. Recent and remote memory were intact. Sources of risk included functional impairment with threat of job loss or school failure as well as family disruption or deterioration. Suicide risk factors remained unchanged. Suicide protective factors included actively making future plans, verbalized hope for the future, showed self-efficacy in problem area, and showed attachment to life. He does have responsibilities to his children, family, and others. He was hopeful that treatment will help him and taking steps to engage in treatment. Suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Both irritability and dental pain. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Increased appetite. Discussed partial hospitalization and referral for a second opinion but did not pursue as the patient did not agree and the outpatient treatment plan was adequate. The patient was treated with supportive therapy. He is to continue with current medications, psychotherapy focus, and counseling focus. He was referred to his PCP for evaluation. CURES showed no misuse of controlled substances. He is to continue with current medications. He was interested in Telepsychiatry.

A comprehensive psychiatric report dated April 18, 2019 was reviewed. The patient presented with complaints of anxiety and panic for four weeks. "I'm still really stressed out about" his work case with Internal Affairs against his supervisor. He said that his anxiety had increased to moderate to severe levels, with episodes two to three times a day, and lasted for 10 to 15 minutes, and was daily for the past two to three weeks. His anxiety was better when he went out for pleasure and was worse when thinking about his work stress. His medications remained unchanged. He stated that he had severe stress with relationship, finances, occupational and housing concerns. He had moderate stress due to family, friends, educational and health concerns, and mild stress regarding his legal issues. His past family and social history remained the same, except with regard to his family history; his sister has anxiety. With regard to social history, the

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

11

67

patient financially supported his nephew and sister. He was volunteering at the 100% College Prep Center to help underserved high school seniors. Review of systems included increased appetite, weight gain, fatigue/lethargy, and sleep pattern disruption. He felt depressed, had difficulty with concentration, anxiety, insomnia, and stress. The patient denied any side effects of his medications. He was vague about compliance with SSRI, and he had inconsistent compliance with his sleep medications, which affected his irregular sleep patterns daily. On examination, the patient weighed 332 pounds. He was appropriately dressed and groomed. He was cooperative, with intermittent eye contact, and a retarded psychomotor. His mood was anxious and irritable. Affect was mood-congruent, fearful/anxious, embarrassed/with shame, and angry/with rage. Thought process was goal-directed, organized, logical, and linear. Thought content showed no abnormal content, future-oriented, poor confidence/esteem, ruminations, perseverations, and no suicidal or homicidal ideation. Insight/judgment was intact. He was alert and oriented x4. Recent and remote memory were intact. Language naming, repeating phrase, and abstraction were intact. Assessment—source of risk showed no evidence of acute risk of harm to himself or others. Risk of functional impairment with threat of job loss or school failure as well as family disruption or deterioration. Risk factors for suicide/self-harm remained unchanged. Suicide protective factors and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Fatigue. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia. Discussed alternative treatment, including a referral for a second opinion, but did not pursue because the patient did not agree and the outpatient treatment was adequate. The patient was treated with support therapy and behavioral activation. The patient is to continue with his current medication, and he is to improve his compliance. He is to continue with psychotherapy focus and current counseling focus. He was referred to his PCP for medical evaluation. CURES showed no evidence of misuse of controlled substances. Alprazolam 1 mg and Belsomra 20 mg were refilled. He is to begin sleep classes every Monday for four weeks.

A comprehensive psychiatric report dated May 1, 2019 was reviewed. The patient stated that he felt "really discouraged." His job hunt had not been successful, and he felt "disheartened." He continued to have moderate to severe levels of anxiety two to three times a day and lasted 10-15 minutes. His anxiety increases when he thinks about his debt, including a student loan and a car loan. It improves when he slept well. His anxiety was associated with insomnia. He stated that he had a panic attack while driving to a family picnic, which made him sad, tearful, and hopeless. He does not feel that he will ever get consistent relief from his symptoms. His severe stressors included financial, occupational, and housing concerns. His moderate stressors were due to family, friends, relationships, educational, and health concerns. His mild stressor was his legal issues. Past history remained unchanged, except for his past psychiatric/medical history which

included obesity with sleep apnea. With regard to his family history, he had an older sister with cirrhosis and who was needing a liver transplant. His father died of cirrhosis in 1982. With regard to his social history, the patient had met with the Police Chief about grievance. He was on leave until the end of May. Review of systems remained unchanged. The patient continued to have inconsistent compliance with sleep medications. On examination, the patient weighed 331 pounds. His examination remained unchanged. There was no evidence of acute risk of harm to himself or others. Risk of functional impairment with threat of job loss or school failure. Risk of family disruption or deterioration. Risk factors for suicide/self-harm remained unchanged. Suicide protective factors remained unchanged. Suicide prevention factors remained unchanged. Diagnoses remained unchanged. New problem: Hopelessness. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia. Alternative considered: A partial hospitalization and a referral for a second opinion were discussed but not pursued because this form of treatment would have an adverse effect on him. The outpatient treatment plan was adequate. The patient was treated with supportive therapy. He is to continue with medications, and he is to improve his compliance. He is to continue with psychotherapy focus and counseling focus. He is to continue with his current medications.

A comprehensive psychiatric report dated May 15, 2019 was reviewed. The patient complained of anxiety and a depressed mood. He stated that a family member had been shot, and this caused lots of anxiety for him. His anxiety was at moderate to severe levels and had occurred two to three times per day for the past few days and lasted 10 to 15 minutes. His anxiety was associated with insomnia, and it improved when he took his sleep medications. His anxiety was worse when he was sleep-deprived. His stressors remained unchanged. His past history remained unchanged, with exceptions: His past psychiatric/medical history which included obesity with sleep apnea without consistent CPAP use. With regard to his family history: The patient's older sister has cirrhosis and refuses AA. She does need a liver transplant. With regard to his social history: A family member suffered a GSW. The patient had a meeting with the Police Chief regarding his grievance. He continues to be on leave until the end of May. Review of systems included increased appetite, weight gain, and sleep pattern disruption. He also noted nausea but no other GI issues. The patient noted feeling depressed, difficulty with concentration, anxiety, insomnia, and stress psychiatric issues. The patient was vague about compliance with SSRI. There was also inconsistent compliance with sleep medication. On examination, the patient weighed 330 pounds. He was appropriately dressed and groomed. His speech was slow, soft, with increased latency. His mood was anxious; his affect was mood-congruent, fearful/anxious with embarrassment/shame. Thought process was goal-directed, organized, logical, linear, and tangential. Thought content showed future-orientees, hopelessness, no suicidal or homicidal ideation, poor confidence/esteem, rumination, and perseverations.

13

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20



Insight and judgment were intact. He was alert and oriented x4. Recent and remote memory were intact. Assessment—sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remain unchanged. New problems: Fatigue. Discussed a referral for a second opinion, not pursued as the outpatient treatment plan was adequate. The patient was treated with supportive therapy. He is to continue with current medication, psychotherapy focus, and counseling focus. He is to work on better compliance with medications. He is to continue with sleep classes.

A comprehensive psychiatric report dated May 29, 2019 was reviewed. The patient complained of anxiety, insomnia, and GI distress. He stated that his aunt had to complete AA prior to being eligible for the transplant list. His anxiety increased when he was with family, and it improved with better sleep. His medication regime was unchanged. Questioned compliance with trazodone and hydroxyzine pamoate. His stressors and past history remained unchanged. Review of systems included increased appetite, weight gain, sleep disruption, depression, difficulty concentrating, anxiety, insomnia, and stress. On examination, the patient weighed 330 pounds. Exam remained unchanged. There was no risk noted regarding harm to himself or others. Suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. New problems: GI distress and fatigue. Treatment included supportive therapy. He is to continue with psychotherapy focus, counseling focus, and current medications with improved compliance. His FMLA continuous leave is from November 15, 2018 to January 31, 2019 then extended through May 31, 2019 due to insufficient response to treatment. A letter was faxed to Nancy Zellers for continuation of his leave through August 31, 2019. Return to work extended to September 1, 2019.

A comprehensive psychiatric report dated June 19, 2019 was reviewed. The patient continued to have moderate to severe levels of anxiety daily for the past two to three weeks lasting 10 to 20 minutes. Interacting with family made his symptoms worse, and better sleep improved them. He was genuinely concerned regarding finding a new job as he did not feel that he would be able to return to his previous job due to fear of retaliation or mistreatment. He had applied and interviewed for work but had not heard back. He felt more helpless because his disability would run out in one year. He had some passive "death wish" thinking that it would be a relief if he just did not wake up. He denied any suicide ideation, plan, or intent, and he did not think that he would ever act on hurting or killing himself. Stressors remained unchanged. Past history remained unchanged, except for a history of obesity with sleep apnea. His CPAP machine was not working; he has nasal inserts which were sent incorrectly. He had completed his sleep class. Review of system was positive for increased appetite, weight gain, fatigue/lethargy, and sleeping pattern disruption. He noted feeling depressed,

70

difficulty concentrating, anxiety, insomnia, excessive moodiness, and stress. He denied any side effects from medications but was vague about SSRI compliance and was inconsistent with sleep medications compliance, causing irregular sleep pattern. On examination, the patient weighed 330 pounds. There was intermittent eye contact. He was anxious and irritable. Mood was congruent, fearful, with embarrassment/shame, poor confidence/esteem, perseverations, and ruminations. He was alert and oriented x4. Assessment: Sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. There were alternative diagnoses which were being considered, including rule out major depressive disorder with psychotic features, generalized anxiety disorder, and adjustment disorder. New problems: Fatigue. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia. He was treated with supportive therapy, including planning goals for career and alternative coping skills in reaction to his work stress, and strengthened his confidence in his ability to find a new job. He is to continue with his current medications, psychotherapy, and counseling. He was referred to his PCP for medical evaluation. CURES report showed no evidence of misuse of controlled substances. Medications were refilled.

A comprehensive psychiatric report dated July 10, 2019 was reviewed. This session was via videoconference. There was interactive complexity due to poor communication with the anxious patient, who needed continued redirection and reassurance. The patient had "called in sick" for his session this morning because of his severe anxiety. He was trying to find an attorney who would take his work case. He denied suicide ideation, intent, or plan, but he did say that he "ponders" if he has "a purpose on this earth." He firmly denied feeling suicidal, and he was "forthcoming about feeling heavy in my heart." He felt depressed and was with anxiety which was at moderate to severe levels daily lasting 5 to 20 minutes when he was panicky. His anxiety was associated with insomnia and was worse when he lacked sleep. His anxiety did improve when he slept better, especially with his new CPAP equipment. He was considering potentially fostering/adopting kids in the future "at least one, but maximum of two siblings." He had symptoms of a binge-eating disorder. He was walking to the kitchen in the middle of the night to make a snack, and then he goes right back to bed. He was taking alprazolam 1 mg QID, sertraline 225 mg QD, trazodone 100 mg QHS PRN (unsure of compliance), hydroxyzine pamoate 50 mg 1-4 QHS PRN, melatonin 10 mg QHS PRN, Belsomra 20 mg QHS PRN, and rabeprazole 20 mg QAM. Stressors and past history remained unchanged. Review of systems was positive for increased appetite, weight gain, fatigue/lethargy, heartburn, nausea, sleep issues, depression, difficulty with concentrating, anxiety, insomnia, excessive moodiness, and stress. He was vague regarding compliance with SSRI, and there was inconsistent compliance with sleep medications. On examination, the patient weighed 330 pounds. His mood was anxious. Affect was mood-congruent, fearful/anxious, sad/depressed, embarrassed/ashamed. Thought content showed

15

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20



future-orientation, hopelessness, poor confidence/esteem, and rumination. He was alert and oriented x4. The patient denied suicidal ideation or homicidal ideation. Assessment: Suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. The patient was treated with supportive therapy. Short-term and long-term goals were developed for future orientation with hopes and dreams. He is to continue with his current medications, and he is to improve compliance.

A comprehensive psychiatric report dated July 25, 2019 was reviewed. The patient stated that he had been incredibly stressed out because he had been binge eating and had consumed two cartons of ice cream in the past 24 hours. His binge eating was related to his depressed mood which had occurred two to three times in the past week and lasted 10 to 20 minutes each. His depression was worse when he associated with his mother, and it improved with sleep. He did not accept his mother's or his PCP suggestion for bariatric surgery/gastric sleeve. "I think I have a phobia of getting another job. When I get an interview, I cancel and ask to reschedule. I get scared. I miss out on opportunities because I'm afraid. The fear of rejection." Stressors and past history remained unchanged. Review of systems was positive for increased appetite, weight gain, fatigue/lethargy, and sleep issues. He noted that he felt depressed, had difficulty concentrating, anxiety, insomnia, excessive moodiness, and stress. On examination, the patient weighed 335 pounds. His eye contact improved over this session. There was increased latency. His mood was anxious and irritable. Affect was mood-congruent, fearful/anxious, sad/depressed. He had poor confidence/esteem, paranoia/suspiciousness, and perseverations. He was alert and oriented x4. Sources of risk, suicide risk, suicide protective factors, and suicide prevention plan remained unchanged. He denied suicide/self-harm ideation. Diagnoses remained unchanged. Problems: New: Perseveration. The remainder of problems were unchanged. The patient was treated with psychotherapy. Discussed his mixed feelings regarding his relationship with his family, simultaneously feeling taken advantage of and loved. He is to continue with his current medications, and he is to improve his compliance. He is to continue with his psychotherapy focus and counseling focus.

A comprehensive psychiatric report dated August 2, 2019 was reviewed. The patient stated that he continued to have moderate to severe levels of anxiety once or twice a day, every day since last week, and lasted 10 minutes up to several hours. This was associated with rumination and was worse when sleep-deprived and was temporarily improved with binge eating, but he feels guilty because of it. Stressors, review of systems, and past history remained unchanged. He was on leave from work with the SF City and County. On examination, the patient's mood was anxious, affect was mood-congruent and sad/depressed. Thought content showed hopelessness, poor confidence/esteem, paranoia/suspiciousness, and ruminations. Assessment: Sources of risk: Risk of medical





illness exacerbation due to psychiatric illness. Suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Rumination. Otherwise, remained unchanged. The patient was treated with supportive therapy. Discussed setting goals with the patient for career. Processed his mixed feelings regarding relationship with his family and feeling simultaneously taken advantage of and loved. He is to continue with his current medications and he is to improve his compliance. He is to continue with his current medications.

A comprehensive psychiatric report dated August 22, 2019 was reviewed. The patient complained of anxiety and how he was discouraged that he had not yet found a job. His anxiety was moderate to severe, lasting 10 to 20 minutes, and happened for one to two days over the past week. He felt that this had to do with his binge eating, which occurred nightly. His anxiety was worse when ruminating about his worries and was better with alprazolam. Stressors, past history, and review of systems remained unchanged. On examination, he weighed 335 pounds. His mood was anxious. Affect was mood-congruent, fearful/anxious, and sad/depressed. Thought content was hopeless, with poor confidence/esteem, paranoia/suspiciousness, ruminations, and perseverations. Assessment: Sources of risk, suicide risk factors, suicide protection factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Rumination. The patient was treated with supportive therapy. Discussed the need to remain productive and active to maintain mental and physical health. The patient is to continue with current medications, and he is to improve his compliance. To continue with current psychotherapy and counseling focus. Medications were refilled. The patient is to consider magnesium for sleep aid. The patient is to continue with his leave through August 31, 2019.

A comprehensive psychiatric report dated September 3, 2019 was reviewed. The patient was seen via video conference. Additionally, interactive complexity due to maladaptive communications with the anxious patient who needed repetitive redirect and reassurance. He complained of anxiety and grief; he had two cousins who died since he was last seen. He noted that his anxiety was moderate to severe and occurred two to four times a week, lasting 10 to 20 minutes each. It was worse when he ruminates/worried about his interviews, such as one for the YMCA. This improved when he fell asleep. He stated that both family and friends had noted that he had been tremulous in his hands. He continued to binge eat on Belvita crackers and Talenti gelato at night. Stressors and past history remained unchanged. Review of systems was positive for short-term memory trouble, memory difficulties, and tremors in his hands/shaking, with no other neurological problems. He noted feeling depressed, difficulty concentrating, anxiety, insomnia, and stress. On examination, the patient weighed 335 pounds. His mood was anxious, sad/depressed. Affect: Mood-congruent, fearful/anxious, sad/depressed, and

with guilt. Thought content remained unchanged. Assessment: Sources of risk: Suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. GAF = 40. Problems: New: Rumination and binge eating. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia. The patient was treated with supportive therapy. Discussed setting goals for job development with youth and elderly groups; this would make his career more fulfilling. He is to continue with current medications, and he is to improve his compliance. He is to continue with psychotherapy and counseling focus. He is to continue with current medications. His FMLA continuous leave was from November 5, 2018 to January 31, 2019, then extended through May 31, 2019, then to December 2, 2019 due to inadequate response. A letter was faxed to Nancy Zellers for continuation of his leave, with estimated return to work on December 2, 2019. EDD CED November 5, 2018 with return to work June 1, 2019, extended to return to work on September 1, 2019 and then to December 2, 2019.

A comprehensive psychiatric report dated September 17, 2019 was reviewed. The patient was seen via videoconference. He stated that he felt anxious and "discouraged." He stated that he had a telephone interview with his old high school, and he really liked the job even though the pay was poor. This job was not offered to him. He said that due to being "rejected," his anxiety level was moderate to severe. For the last three days, he had anxiety issues which lasted for 10 to 20 minutes each time. This was worse when he thought about the rejection, and it improved when he exercises. He stated that he had more difficulty acclimating to the recent warm temperatures. His anxiety was associated with depressed mood and irritability. The patient noted severe stress due to his family, economic, occupational, and health concerns. He had moderate stress due to friends, relationship, educational, and housing concerns, and mild stress due to his legal issues. Social history noted loss of a year of citywide seniority and retirement due to his leave. On examination, the patient weighed 335 pounds. Mood was sad/depressed and anxious. Affect was mood-congruent, fearful/anxious, sad/depressed, and guilty. Thought content noted hopelessness, poor confidence/esteem, paranoia/suspiciousness, and ruminations. He denied suicidal or homicidal ideation. Assessment—source of risk, suicide risk factors and suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Poor thermoregulation, binge eating, and rumination. He was treated with supportive therapy. Discussed his feelings of rejection with regard to both his job and personal life. He is to continue with his current medications, psychotherapy focus, and counseling focus.

A comprehensive psychiatric report dated October 2, 2019 was reviewed. The patient was seen via videoconference. The patient required repeated redirection and



reassurance due to maladaptive communication with anxiety. He stated that he had anxiety attacks due to receiving no call-backs for employment. "I'm nervous and on edge, easily more anxious ... I find myself in a funk." He had started to go on 30-minute walks during the day. He continued to have moderate to severe anxiety once or twice per day every day for the past week, which lasted 10 to 20 minutes at a time. It was worse if he was sleep deprived, and it improved when he went for a walk. He stated that he had overslept and had missed an interview with the SFUSD. He was supposed to give a talk, and he was afraid that he would disappoint, and he was a no-show. He was also stressed about his 17-year-old godson, whose mother was treating him in a way that he did not agree with. Stressors remained unchanged. Past history, socially, he had applied for a teaching credential on October 2019 for education, development, and child services. Review of systems remained unchanged. He continued to be vague regarding compliance with SSRI. He had inconsistent compliance with sleep medication. On examination, he weighed 335 pounds. His mood was anxious. Affect was mood-congruent, fearful/anxious, and sad/depressed. Thought content showed hopelessness, poor confidence/esteem, paranoia/suspiciousness, and perseverations. Assessment: Sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. He denied suicidal or homicidal ideation. Diagnoses remained unchanged. Problems: New: Perseveration. The patient was treated with supportive therapy. Discussed strategies to make sure that he had proper sleep hygiene, accountability to obligations, and regular exercise. He is to continue with his current medications and treatment plan.

A comprehensive psychiatric report dated October 16, 2019 was reviewed. The patient was seen via videoconference. The patient stated that he was "feeling really overwhelmed lately" with anxiety. His sister and mother were increasingly dependent on him for financial support, which was causing him moderate to severe anxiety which occurred daily and lasted 10 to 20 minutes at a time, once or twice a day. This was associated with a depressed mood. Interacting with his relatives made his anxiety worse, and a good night sleep improved it. He was still genuinely concerned about his 17-year-old godson, whose guardian was treating him in a way that he did not agree with. He did get a preliminary Career Technical Education Center certification. He continued to look for work as he was not sure if he could return to his old job. "I don't want to quit because I don't have any coverage outside of my job." Stressors, past history, and review of systems remained unchanged. On examination, the patient weighed 336 pounds. Mood was sad/depressed and anxious. Affect: Mood-congruent, fearful/anxious. Thought content: Hopeless, poor confidence/esteem, paranoia suspiciousness, and ruminations. He denied suicidal or homicidal ideation. Suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems remained unchanged. The patient was treated with supportive therapy. Processed his sense of resentment and anger towards

his family, whom he felt obligated to support. He is to continue with his current treatment plan.

A comprehensive psychiatric report dated October 30, 2019 was reviewed. The patient was seen via videoconference. He stated, "A stressful past couple of weeks." The California fires had scared him. His anxiety had been moderate to severe. He had experienced anxiety daily for the past week, lasting 10 to 20 minutes each, occurring two to three times per day. He also noted a depressed mood and irritability. His anxiety was worse when interacting with his mother and sister. He continued to worry about his 17-year-old grandson. Stressors, past history, and review of systems remained unchanged. On examination, the patient weighed 336 pounds. Mood was anxious. Affect was mood-congruent, fearful/anxious, sad/depressed. Thought content showed hopelessness, poor confidence/esteem, paranoia/suspiciousness, and perseveration. He denied suicidal or homicidal ideation. Sources of risk, suicide risk factors, suicide protection factors, and suicide prevention plan remained unchanged. Diagnoses remained unchanged. Problems: New: Perseveration. Established, worsening: Anxiety, depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia. He was treated with supportive therapy. Discussed how to set boundaries with family with regard to financial needs. Established ways to cope with provocations from relatives. He is to continue with current medications. He is to improve compliance. He is to continue with psychotherapy focus and counseling focus. He was prescribed topiramate 25 mg 1 BID for appetite suppression. He is to continue with other medications. He is to pursue a Colonial Disability Claim for \$1400/month income to help support him. A note to Nancy Zellers is due by December 2, 2019. Colonial Disability has estimated his return to work on February 3, 2020.

A comprehensive psychiatric report dated November 12, 2019 was reviewed. The patient was seen via video conference. The patient stated that he had interviewed with YMCA, and he was anxious while waiting to hear from them regarding a job. His aunt had been taken to the hospital via ambulance with UTI/possible kidney complications. He had been going to the hospital to care for her, which had caused his anxiety to be at moderate to severe levels once or twice a day daily for the past week, for 10 to 20 minutes at a time. When staying at home alone, this was worse, and when socializing with peers, it improved. He said that he had forgotten to pick up Topamax last week. Stressors, past history, and review of systems remained unchanged. On examination, the patient weighed 336 pounds. Mood was sad/depressed and anxious. Affect was mood-congruent, fearful/anxious. Thought content noted hopelessness, poor confidence/esteem, paranoia/suspiciousness, and ruminations. Assessment: Sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. The patient denied suicide ideation or homicidal ideation. Diagnoses remained unchanged. The patient was treated with supportive therapy. Discussed his

20

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

76

mixed feelings of caring for his aunt during her sickness. He is to continue with the treatment plan. He was prescribed Topamax 25 mg BID for appetite suppression.

A comprehensive psychiatric report dated November 26, 2019 was reviewed. The patient was seen via video conference. He continued to have anxiety once or twice a day, lasting 10 to 20 minutes each. This increased when pressured by his family to help financially, and it was better with sleep. He also noted depressed mood and irritability. Thus far, Topamax had not been filled. He had severe stress due to family, economic, and occupational issues. He had moderate stress due to friends, relationship, educational, housing, and health issues, and mild stress due to his legal issues. Review of systems was positive for feelings of depression, anxiety, and stress. On examination, the patient weighed 336 pounds. Mood was anxious. Affect was mood-congruent, fearful/anxious, sad/depressed. Thought content noted hopelessness, poor confidence/esteem, paranoia/suspiciousness, and perseverations. He denied suicidal ideation or homicidal ideation. Assessment: Source of risk, suicide risk factors, suicide protective factors, and suicide prevention remained unchanged. Diagnoses remained unchanged. Alternative diagnoses include rule out generalized anxiety disorder, major depressive disorder with psychotic features, and adjustment disorder. The patient was treated with supportive therapy. Discussed plan to care for himself in context of family stress and potential unemployment. He is to continue with current treatment plan.

A comprehensive psychiatric report dated December 12, 2019 was reviewed. The patient was seen via video conference. He stated that he thought he was in a "depressive episode." He noted that he was sleeping during the day and was restless in the middle of the night. He noted anxiety daily over the past week, which was moderate to severe, occurred one to two times per week, and lasted 10 to 15 minutes each. When he ruminated on how hard it was finding a job, his anxiety was worse, and it was better when he socialized with friends. His anxiety was associated with his insomnia. The patient stated that in November 2018, his PCP had taken him off work for the first time. He stated that he was too frightened to try the Topamax after researching it on the internet due to risk of "A/E." There were times that he binged ate at night. He said that he eats one meal per day. He had lost 13 pounds over the past six months without trying. He was taking alprazolam 1 mg QID, sertraline 225 mg QD, hydroxyzine pamoate 50 mg 1-4 QHS insomnia, Belsomra 20 mg QHS PRN insomnia, rabeprazole 20 mg QAM, and prochlorperazine maleate 10 mg Q6H PRN. He was no longer taking melatonin 10 mg or trazodone 100 mg. Severe stressors included family, economic, occupational, and his health concerns; moderate stressors include friends, relationship, educational, and housing; and mild stressors include his legal concerns. Other family history included a 64-year-old aunt with SLE, who was status post kidney transplant, a sister with bipolar disorder and epilepsy, and a nephew with anxiety. Review of systems was positive for increased appetite, fatigue/lethargy, sleep pattern disruption, heartburn, binge eating

21

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

77

behaviors at night, short term memory issues, tremor in hands/shaking, depression, difficulty concentrating, anxiety, and stress. He had compliance issues with sleep medications, causing an irregular sleep pattern both at night and during the day. He was vague regarding compliance with SSRI. On examination, the patient weighed "323 pounds." Mood was sad/depressed and anxious. Affect was mood-congruent and fearful/anxious. Thought content noted hopelessness, poor confidence/esteem, paranoia/suspiciousness, and ruminations. Assessment: Sources of risk, suicide risk factors, suicide protective factors, and suicide prevention plan remained unchanged. The patient denied suicide ideation or homicidal ideation. Diagnoses remained unchanged. Alternative diagnoses included adjustment disorder, generalized anxiety disorder, major depressive disorder with psychotic features. Problems: New: Rumination. The patient was treated with interpersonal psychotherapy and supportive therapy. Discussed his hesitation regarding helping his family as he felt that he had been taken advantage of. Discussed strategies for setting and keeping boundaries. He is to continue with current treatment plan. He was prescribed Topamax 25 mg 1 BID. The patient was filing for Workers' Compensation. A work status report was faxed to Angela Wong in the Medical Liaison Unit.

A Work Status Report from Michael Auza, M.D. dated 12/12/19 was reviewed. Due to severe symptoms of lethargy, difficulty concentrating, anxiety and panic attacks, Mr. Robinson is unable to perform the usual duties of his job.

A Work Status Report from Michael Auza, M.D. dated v was reviewed. Due to his condition, Mr. Robinson is "unable to stand or sit for extended periods of time, look at a Computer screen for extended periods of time, use a keyboard for extended periods, perform manual tasks with fine dexterity, Focus on a task and analyze, Stay organized and manage time, pay attention to detail, manage and prioritize competing demands, work independently, supervise others, Express thoughts clearly, I'll communicate by speaking/articulating clearly."

A comprehensive psychiatric report dated January 8, 2020 was reviewed. The patient, who is a medical decision-maker, was present via videoconference. "Additionally, interactive complexity due to maladaptive communication with anxious patient requiring repeated redirection and reassurance." The patient presented with complaints of anxiety and depressed mood. He stated that he had a lot of anxiety when he had 20 vials of blood drawn due to his "kidney numbers" being off. He continued to have anxiety daily two to three times per day and lasting for 10-20 minutes each time for the past week. He had anxiety with a depressed mood, which he described as at moderate to severe levels. His anxiety was worse with thinking about his health problems, it was improved when he spent time with friends. Stressors included severe stress due to family, economic and occupational concerns, moderate stress due to friends,

22

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

78

relationship, educational, housing, and health concerns. He also had mild stress due to his legal issues.

He stated that there were times when he binge eats at night. He stated that he only ate one meal per day. Over the past six months, he had lost 13 pounds without trying to do so. He had been offered a job as an advisor with SFUSD at an elementary school, but he was afraid to take it because he feared that his previous job with the City and County of San Francisco would interfere with it. The patient was taking alprazolam 1 mg QID, sertraline 225 mg QD, hydroxyzine pamoate 50 mg 1-4 QHS PRN insomnia, Belsomra 20 mg QHS PRN, rabeprazole 20 QAM, prochlorperazine maleate 10 mg Q6H PRN, and vitamin D 50,000 IU weekly. The patient was "vague about compliance" with SSRI. There was inconsistent compliance with his sleep medication, which had caused an irregular sleep pattern.

The patient has a history of fibromyalgia. He used a CPAP mask due to sleep apnea, which was somewhat helpful. He had completed his insomnia class. He discussed his family history, which included: His sister has epilepsy and bipolar disorder, a 64-year-old aunt was diagnosed with SLE 20 years ago after three kidney transplants, an aunt has cirrhosis, and an older sister refuses to go to AA. She has cirrhosis and needs a transplant. His father died in 1982 from cirrhosis. He had a nephew who suffered from anxiety. The patient stated that he had a meeting with the Police Chief about his grievances. He discussed his social history, which included him starting the Workers' Compensation claim. He said that he had lost a year of citywide seniority and retirement due to his leave. He was on leave from work, but prior to that, he had worked with children and the geriatric communities. His ex-partner had fostered a set of siblings to adoption. He financially supported his mother, nephew, and sister. He has a family member who suffered a GSW. He was volunteering at the 100% College Prep Center to help under-served high school seniors. He had applied for his teaching credential in October 2019 toward education, development, and child services.

Review of systems included increase in appetite, weight gain, fatigue/lethargy, sleep pattern disruption with no other constitutional issues, heartburn, binge eating behaviors at night with no other gastrointestinal issues, difficulty with short-term memory, tremor in hands/shaking but no other neurological issues. He also noted feeling depressed, difficulty concentrating, anxiety, insomnia, and stress. Other psychiatric issues were denied. On examination, the patient weighed 323 pounds and is 70". He was appropriately dressed and groomed. His behavior was cooperative, with normal psychomotor activity, with intermittent eye contact. His mood was anxious. His affect was noted to be mood-congruent, fearful/anxious, and sad/depressed. His thought process was goal-directed, organized, logical, linear, and tangential. His thought content was normal, and insight/judgment was intact. He was alert and oriented x4. Both recent

23

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20



and remote memory was intact. Attention, language (naming), language repeating phrase, and language abstraction were intact. There was no acute risk of harm to himself or others. Risk of functional impairment with threat of job loss or school failure, risk of medical illness exacerbation due to psychiatric illness, and risk of family disruption or deterioration. Diagnoses: Axis I) Major depressive disorder, recurrent episode with psychotic features. Panic disorder. Posttraumatic stress disorder. Idiopathic central sleep apnea. Axis II) No assigned diagnoses. Axis III: Obesity, unspecified. Axis IV: Financial, work-related, and family discord. Axis V: GAF = 40. There were alternative diagnoses being considered, the details of which included: Rule out major depressive disorder with psychotic features, adjustment disorders, and generalized anxiety disorder. Problems: New: Perseveration. Established, worsening: Anxiety and depression. Established, stable/improving: Panic. Self-limiting/minor: Insomnia/fatigue. Alternatives considered included voluntary hospitalization, partial hospitalization, and a referral for second opinion, but these were not pursued as the patient did not agree and had said that short-term hospitalization would not resolve his problems and would have an adverse effect on him. The outpatient treatment plan was adequate. This session included supportive therapy and CBT. He is to continue with current medications, and he is to improve his compliance. He is to continue with psychotherapy and counseling focus. He was referred to his PCP for a medical evaluation. Will consider Cymbalta for his fibromyalgia pain and Topamax 25 mg BID for appetite suppression. He is to pursue a Colonial Disability Claim for a \$1400/month income to help with his support. The form was completed on October 31, 2019 and was uploaded to documents for return to work on February 3, 2010. He had started the QME process to see a psychologist.

A work note dated April 22, 2020 was reviewed. The note indicated that it was not recommended that the patient return to work before August 3, 2020.

### **3. Brown & Toland Physicians**

Vital sign reports from August 26, 2009 to January 10, 2020 were reviewed. The patient's BPs ranged from 116/84 to 140/90. His weight varied from 242 pounds (August 26, 2009) to 330 pounds.

An office note from Sudhakar Tumuluri, M.D., dated December 13, 2019 was reviewed. The patient complained of diffuse pain all over in both the joints and muscles. These symptoms had started a couple of years ago and have worsened over the last few months. He has severe OSA, and a CPAP did help, but it was not enough for him to rest. At times, his ankles swell with no discomfort. He also noted fatigue. Aleve was helpful. At times, he had swelling at the MCP/PPI with pain, greater on the left. His laboratory studies in July 2019 showed renal insufficiency, mildly elevated LFTs, and chronically





A letter from Mr. Tyree Robinson dated 12/02/19 was reviewed. He states that during his time working at San Francisco Police Department since January 2001, he has been diagnosed with: chronic anxiety disorder, depression, irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), severe fatty liver disease, migraines and tension headaches, fibromyalgia, chronic insomnia, chronic fatigue syndrome, severe obstructive sleep apnea, morbid obesity, binge eating disorder. He asserts that some of these conditions began as a result of the extreme harassment, racism and threats from his immediate supervisor, Mark Antonio, as well as some of the sworn command staff members within his unit. He also asserts that his life was threatened by Acting Captain of Crime Information Systems Unit (CISU) Lieutenant Falzon, in which a police report has been filed. He acknowledged that while some of the aforementioned conditions are pre-existing, the distress from the job has caused the symptoms of these conditions to frequently flare up, making it extremely difficult for him to work. He states that he is been off work continuously from 11/05/18 until the date of the letter, 12/02/19.

A letter from Penny Si, ADA Coordinator, City and County of San Francisco Police Department, dated 12/18/19 was reviewed.

A letter from Law Office of David L. Hart, dated 02/17/20 was reviewed. Notice of representation of the applicant.

A City and County of San Francisco Department of Human Resources Notice Regrading Denial of Workers' Compensation Benefit dated 02/24/20 was reviewed. Based on an investigation, workers compensation benefits were denied as there was no substantial factual medical evidence that the condition resulted from employment.

A Workers' Compensation Appeals Board Application for Adjudication of Claim dated 02/18/20 was reviewed.

A letter from Victor Lee, Claims Adjustor for City and County of San Francisco to Carol Chambers, Psy.D., dated 03/03/20 was reviewed. "...It should be noted that Mr. Robinson has an earlier 8/21/12 injury claim for anxiety, while he was working at 850 Bryant St., #475 when he was doing data entry, at the time he received a phone call from a relative with bad news. Mr. Robinson reportedly, 'started to hyperventilate, shake and dry heave,' as his coworkers tried to calm him [without] success; therefore 911 was then called. He was then brought by ambulance to CPMC, where he was examined and released the same day without any restrictions. The claim was denied as it was not work-related..."

## RELEVANT PSYCHOSOCIAL HISTORY

Carol Chambers Psy.D.  
Psychology

Supervisor Mark Antonio suggested that I apply for workers compensation.  
26  
Robinson, Tyree  
08/06/20

82

elevated ACE level. He had not been given a formal diagnosis of sarcoidosis. He denied a history of gout. He is allergic to amoxicillin, codeine derivatives, and clarithromycin. He was taking Aleve 220 mg, alprazolam 1 mg 1 QID PRN, famotidine 20 mg 1 BID, prochlorperazine maleate 10 mg Q6H PRN, rabeprazole sodium 20 mg 1 QD, sertraline 100 mg 1 BID, Tylenol 325 mg 1-2 BID QH PRN, Vitamin D 50,000 IU 1 weekly. There is a family history of fibromyalgia, hypercholesterolemia, alcoholism, diabetes mellitus, and snoring. The patient denied the use of tobacco or alcohol. The patient worked as a clerk at the SFPD. On examination, his BP was 122/87. He weighed 329 pounds. He was in NAD. Inspection/palpation of joints, bones, and muscles were abnormal. Assessment: 1) Bilateral plantar fasciitis. 2) Abnormal LFTs. 3) Vitamin D deficiency. 4) Rash. 5) Sicca. 6) Inflammatory polyarthrits. 7) Renal insufficiency. 8) Fatty liver. 9) OSA. 10) Histone antibody positive. Laboratory studies were ordered. He is to discuss about an oral device with his sleep specialist at the UCSF. X-rays of the bilateral hands were ordered. Requested a dermatology exam for rash.

A radiology report dated December 13, 2019 was reviewed. A chest X-ray that was read by Christopher Kagay, M.D. was done due to inflammatory polyarthropathy. Comparison: February 29, 2008. Impression: No acute findings.

A radiology report dated December 13, 2019 was reviewed. X-rays of the bilateral hands that were read by Christopher Kagay, M.D. were done due to inflammatory polyarthropathy. Impression: 1) Normal radiographs of the bilateral hands. 2) No findings of erosive arthropathy identified.

Laboratory studies dated December 18, 2019 were reviewed. Comp. metabolic panel: Alkaline phosphatase 123, Vitamin D, 25-hydroxy 17.3, creatine kinase, total serum 291, antihistone 1.0.

An office note from Sudhakar, Tumuluri, M.D., dated January 10, 2020 was reviewed. The patient presented with complaints of continued diffuse arthralgias more so than myalgias. He was taking prescribed Vitamin D. He has had both hand X-rays and chest X-rays, which were normal. He was scheduled to see Dr. Hsiao for a dermatology consult. On examination, his BP was 145/81. He weighed 330 pounds. He was in NAD. Inspection/palpation of joints, bones, and muscles: Abnormal 18/18 +FM tender points. Assessment remained unchanged. The patient was prescribed hydroxychloroquine sulfate 200 mg 1 BID. The patient did not fit the criteria for SLE. He is to continue with the CPAP for OSA.

A letter from City and County of San Francisco Police Headquarters dated 09/12/19 was reviewed. The letter approves extension of sick leave with pay through December 1, 2019.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

25



### **Early social and family history**

Mr. Robinson said he was born in San Francisco and raised by his mother and his grandparents. He has two sisters. He described his childhood as: "It was alright. But when I was six my father passed away from alcohol-related cirrhosis. He was 28. My parents had already been divorced. My Mom remarried twice after that. It was hard having other men take my father's place, but I managed. At school there were ups and downs. I was an anxious kid, and felt bad that I had lost my Dad. As I got older and began to understand what leads people to drink, I started to understand and work through my issues."

### **Educational and Employment history**

Mr. Robinson graduated Abraham Lincoln High School, and later obtained an AS degree in Social and Behavioral Sciences. He then obtained a BA degree in Sociology, followed by an MA degree in Education with a focus on leadership. Finally, he obtained a doctorate in Education from the University of San Francisco. After graduating high school in 1993, he worked for United Airlines for four years, fulfilling reservations at a call center. There, he became a trainer and coach, training new hires in a classroom setting. He then transferred to San Francisco Airport and became a maintenance planning analyst. He worked in 'Lost Baggage.' He then worked at American Express Travel in the corporate travel division. He went onto work at Preview Travel until 2000. He was caring for his grandmother at that time, who suffered from Alzheimer through the 1990s. His grandfather passed away in 1993.

In January, 2001, Mr. Robinson started working at the San Francisco Police Department. Initially, he worked in the Auto Status department, working with stolen and recovered vehicles. The work was primarily administrative. Then the job shifted and he did data entry of police reports. More recently, he began to work at the front counter helping the public, law enforcement and attorneys to obtain police reports. He described the work as "very technical and administrative, and there was interaction with the public. I enjoyed the work. I did very well. I got pretty much stellar performance evaluations. I got along with all my supervisors and I was given more responsibility. They had me training new employees as they came on."

### **Recent social and family history**

Mr. Robinson said he currently lives alone at \_\_\_\_\_ His aunt is his neighbor, and they are on good terms. He stated he currently does not have any children of his own, or a significant intimate partnership.

## FINANCES

Mr. Robinson reported his current monthly expenses as follows:

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Mr. Robinson said he received SSDI income for one year, which has expired. He receives no Workers' Compensation (WC) income, and receives no other form of income or benefits.

## MENTAL HEALTH HISTORY

Mr. Robinson described himself as a rather anxious child, and received counseling intermittently during his childhood: "When my father passed, we moved to Daly City and the school recommended therapy for me. I had therapy on and off throughout childhood, until 8<sup>th</sup> grade, by which time I learned how to deal more. I was still pretty anxious. As an adult I saw an MFT intern at Christian Counseling Centers for about three or four years from 2015 to 2018, because things started to change at work and I was going through some life changes with school and working full time. It was more like coaching or mentoring. I then saw a psychiatrist for anxiety and depression, who I've been seeing for the last three years, to get medications. He also does CBT counseling. He diagnosed me with binge eating disorder."

Mr. Robinson denied having been psychiatrically hospitalized. He denied any history of suicide attempts. He denied having had suicidal thoughts, but said that at times during the last three years, he has been at a point where he prayed that: "If God took me in my sleep tonight I am fine with it." He said the most recent time he experienced such thoughts was in 2018. He said he has had feelings of hopelessness more recently (in the last few months), due to work-related stress.

## LEGAL HISTORY

Mr. Robinson was asked about any prior civil lawsuits, including car accidents or slip and fall claims. He denied any criminal history and denied ever having been sued. Mr.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

28

84

Robinson reported having filed one prior workers' compensation claim in the 1990s for carpal tunnel syndrome, for which he was treated with physical and occupational therapy for several months, and released back to work with modifications. He stated he currently has accommodations under ADA as follows: ergonomic keyboard, ergonomic chair, permission to take breaks due to pain in arms and back.

A letter from Victor Lee, Claims Adjustor for City and County of San Francisco, dated 03/03/20, states: "...it should be noted that Mr. Robinson has an earlier 8/21/12 injury claim for anxiety, while he was working at 850 Bryant St, #475 when he was doing data entry, at the time he received a phone call from a relative with bad news. Mr. Robinson reportedly 'started to hyperventilate, shake and dry heave,' as his coworkers tried to calm him [without] success; therefore 911 was then called. He was then brought by ambulance to CPMC, where he was examined and released the same day without any restrictions. The claim was denied as it was not work-related..." - *Appn it was suggested by Mark Antonio that I file the W.C. claim.*

### **MEDICAL HISTORY**

Regarding his medical history, Mr. Robinson reported he had been diagnosed with obstructive sleep apnea in 2015, for which he has been prescribed a CPAP mask, which he said manages his sleep apnea well. However, he still suffers with insomnia secondary to anxiety and depression. He said he has suffered with irritable bowel syndrome (IBS) since childhood, and was diagnosed with this condition sometime in the 2000s. He also suffers from acid reflux. He reported having been diagnosed with fibromyalgia a few months prior to this evaluation by Dr. Tumuluri, a rheumatologist. He explained: "For the past few years I've been having body aches. Sometimes I can't even sleep because of the pain. I kept going to my primary care doctor and he found nothing medical. He referred me to the rheumatologist, who ran tests and said it was fibromyalgia. He gave me a prescription for hydroxychloroquine and then I found out it was dangerous. I didn't want to go the narcotic route for pain. He recently said there were some food-based medicines approved by the FDA for fibromyalgia, with high concentrations of turmeric and B12. I started taking that a few days ago."

### **CURRENT MEDICATIONS**

Mr. Robinson stated he is currently prescribed the following medications by his psychiatrist, Michael Auza, M.D., whom he has been seeing for the past three years:

- Alprazolam 1 mg, four times per day as needed, for the past two years. He said he has not always taken four tablets in one day, however lately he has been taking

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

85

the full four tablets, due to an increase in anxiety. He said it "takes the edge off the anxiety."

- Hydroxyzine (200 mg day) for anxiety
- Sertraline (225 mg x 1 day) for depression
- Belsomra (20 mg) for insomnia
- Melatonin for insomnia

He stated he has been prescribed the following medications for medical conditions, by his primary care physician: famotidine, prochlorperazine, rabeprazole.

### **SUBSTANCE USE HISTORY**

Mr. Robinson denied any history of abusing alcohol or prescription or illegal drugs.

### **HISTORY OF INJURY ACCORDING TO EMPLOYEE**

Mr. Robinson described the events leading up to his psychiatric injury on 11/01/15 as follows: "It started back when I got a new supervisor, Mr. Mark Antonio, in 2011. He ruled with an iron fist. I had never worked in a situation like that before. I went to him and said I thought it would be a good idea if he got to know his team and got to learn the job. He followed my suggestion and he did learn all the job duties. After that time there was an incident when I was on a phone call with a police officer about a stolen vehicle. While I was on the call, the officer on the phone began to speak to me in a derogatory way. I explained I was not just an order taker. My boss told me, yes you are an order taker. I said no, I am a professional who is here to give support. When I realized he would not support me as my supervisor, I walked away. That was around 2013. He and another supervisor came out and he came up to me and pointed his finger two inches from my face. I said you are now in my personal space and I suggest you get your finger out of my face and say what you have to say from a distance. He started screaming and yelling about what my job duties are. I said I have been here since 2001 and I know what they are. He walked away and wrote me up. I never pushed the issue, even though he never described what he had done in his write-up, only what I had done. My coworkers said they would back me up, as they had witnessed the incident.

In 2015, there was another incident, this one was between us. There is a swing shift there, from 3:00 p.m. to 11:00 p.m. The day shift is from 7:00 a.m. to 3:00 p.m., and the night shift is from 11:00 p.m. to 7:00 a.m. He had caught some people on the swing shift who had left early. He came in to see me and ask where are my colleagues. I said I don't know,

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

30

86

but I am here. I had a feeling that one day that he would come back and catch everyone. He changed our shifts around. I had just begun my doctoral program at school. He changed my shift to 2:00 p.m. to 10:00 p.m. instead of 3:00 p.m. to 11:00 p.m. He said everyone should suffer because of what they did. I said that was not fair. He said he would not hear me out and got agitated and began to shout at me. He slammed his fist on the table and said get out of my office, don't you know what the word no means. He got up from his desk and said I am tired of you people and your problems. I assumed by "you people" he meant black people, but he later said he meant the people who work the swing shift. I had had other indications about race before, with him. I felt he was trying to provoke me into being an 'angry black man,' to react to him. I contacted my captain, Eric Vinero, by email, and said I hoped the issue could be handled amicably, as I was feeling anxious. The captain talked to me and filed a report to HR. But no one from there ever contacted me about it. They closed the case after talking to my supervisor.

In February 2016, a Caucasian man, a member of the public, came to the window asking for a copy of a police report. He was the suspect of a domestic violence situation with his wife and daughter. In cases like that, I am not permitted to give out the report. I explained it had to go through the Special Victims Unit. He began to call me an uneducated monkey and did a monkey dance. There were officers and cadets in the lobby, but nobody intervened. I asked him to stop being disrespectful, but he refused to leave. I got up and went into the lobby. He ran to the officer and I asked the officer to remove him from the building and tell him to stay away for a week. He kept pointing and screaming at me and doing his dance. At one point, I did react, and I said: "I am not a monkey and I am not uneducated, but you have given us a show today, maybe you should think about joining the circus." Next day I explained to Mark what happened, and he said don't worry, we get crazy people at the window. This guy had talked to Mark and he had given the guy the police report he wanted. Then Mark filed a charge against me for 'unbecoming conduct of a member.' It was the first time I had ever been 'in trouble.' I talked to others in the office and they said you need to call the Union rep. His name was Arsalia Montoya. I emailed him several times and he finally called me and started to blame me and said you shouldn't have gone outside, but I said there was nothing else I could have done. Something was strange about him. Mark is also a Union shop steward, so he plays both side of the fence. I sensed his reluctance to help me and I said if you are not supporting me I will get another rep. He said oh no no no. We had the internal affairs meeting with two inspectors, him and me. He did not say a word. They asked me if my behavior had been unbecoming, and then they went out of the room. He told me to say that yes my behavior was unbecoming, or I would get suspended. So I did what he advised. I got written up, and it was in my HR file. When I went to him about it, he said the 15 days appeal period had passed and there was nothing I could do. At that point I realized he and Mark were friends. I had to get the Chapter President involved. He requested the footage. The internal affairs attorney told him he would represent me in a civil suit if they

did not take the letter of reprimand out of my file. Everything started to go downhill from there on in. Every time I saw someone white come in, I didn't know if they would attack me. I was very nervous.

On one occasion, I missed a training from not sleeping after being in a car accident, and I also had sleep apnea. They sent the police to my house. They could have called me and asked if I was ok. Recently, they started another case against me and the police came and put something in my door. My aunt told me a police car had pulled up outside my house. It was a form of harassment. Also they would not respect my gender pronouns. They had me listed as a black female on my files there. I addressed this and told them I have never identified as a female. Until this day I have begged them to fix that.

There were two incidents in 2018 when he violated my privacy by going through my personal file cabinet. He got the backing of the command staff. Once the sergeant emptied out my file cabinet, even though it had a key. He said the lieutenant told him to empty it because they needed a secure place to put confidential files. I questioned that. I said I felt disrespected. He called the lieutenant. He came back to talk to me. I said ok call him back but I said I wanted a Union rep present. I became very fearful. The lieutenant came back and barged into the office and said he wanted to speak with me. I said not without a Union rep. He said you better, or life will become very miserable for you here. I said I have a right to have representation when talking to you, and I am exercising it now. He said we can meet with Mark. I said no, I don't trust either one of you. He said I will give you time to think about it, if you don't make up your mind to meet with me you will be sorry. He was a foot away from me where I was sitting down. A colleague was working late and saw it. They wrote a statement about how he was threatening me. He came back and asked me if I had thought about it. My colleague had gone by that time. I said no, I had the same answer. He went on to raise his voice and said who is the boss here, you or me? I was really afraid. He said I gave you a direct order and you refused. I am writing you up for insubordination. You put the nail in your own coffin. I took out my notepad and started writing it down. He said do you need me to spell it for you. I said I am a doctor of education, I can spell quite well. He said do you need me to repeat it. I asked him to stop harassing me. I became afraid for my own safety. He has since been promoted to captain. I felt I had no support then. I used up all my sick time and vacation time because my stomach was in knots. I was taking time off between 2015 and my last day of work on 11/5/18. They are still harassing me and bringing me up on charges. I was having the worst headaches and chest pain and back aches.

There were more workplace incidents. I went to the San Francisco Board of Supervisors. I wrote the Mayor London Breed, she never responded. The last night I worked there, which was on 11/5/18, Mark and one of the sergeants came to me and referred to me using my employee number. He would not refer to me by name. When I said they were referring to me as a black female he said so what. I wrote a police report about that. That

32

Carol Chambers Psy.D.  
*Psychology*

Robinson, Tyree  
08/06/20

88



night, on 11/5/18, when Mark gave me the outcome of that interview, they recommended I be suspended for five days and get a Skelly Hearing. They knew I would be upset by that. He handed me a memo saying in two weeks your shift will be changed, and said sign this paper. But I refused to sign. I began to feel sick. They then said since we are here, we will do your performance evaluation, and I said I don't have representation, so I have every right to record you, so I recorded them. It was 9:00 p.m. He said you don't want to meet with us and you are claiming to be sick so I am taking you out of service and sending you home for the night. I went to my primary doctor, Alvin Wong, the next day, and he took me off work for 30 days and said it was work stress. When I went to see Dr. Auza, my psychiatrist he said I am taking you off work, and I haven't been back since. I am still being harassed. But I don't understand why, because I stopped getting paid and I am not even getting any retirement benefits! They are playing with my life! The HR department did not help. Micki Callahan, the City's Department of HR Director said on Channel 2 News that: 'while we acknowledge the offensiveness of the word nigger, one comment is not sufficiently severe to produce a hostile work environment.' The day after the lieutenant did that to me he had someone from the behavioral health unit reaching out to me. They said the lieutenant said you would benefit from our services. I said I thought he could benefit from their services. Before he arrived, I had never had any issues there.

In January 2020, I asked my WC attorney if I can get another job, as I am not getting any income. He said yes you can, as long as you don't work in the same department. I started a job working at Malcom X Academy in Bayview as a community relations specialist. I started in February 2020, part time, doing 30 hours per week. I didn't feel like it, I was tired and in pain, but I had to because I had no income coming in. Then COVID happened and they shut schools down and I was working from home until 6/2/20, which was the last day of school. Then my job was taken away because of a budget problem. I am now searching for another job. In February 2020, Mark called me and said my FMLA paperwork was incorrect. I said I will fix it. He asked me if I would consider transferring to another dept. I said I wasn't interested in transferring until I can return to work. I then got a congratulations note from my coworkers on my transfer to the ID Bureau. But I had not even agreed to that transfer! It felt disrespectful, because it took my power away."

Mr. Robinson stated that since the date of injury of 11/01/15, he has been experiencing depressed mood, anxiety, panic attacks, hyperarousal, hypervigilance, hopelessness, binge-eating, thoughts of dying and fear of police officers. He reported that symptoms of his medical conditions have also increased. For example he reported an increase in: body aches, acid reflux, IBS symptoms and headaches (three or four per week). He stated he experiences panic symptoms (heart racing, shortness of breath) whenever he thinks about having to return to his prior place of work. Seeing a police car also triggers panic symptoms. He explained that he feels afraid for his life when he sees a police car, as police



have arrived at his home without warning on more than one occasion in relation to work matters, which he experienced as an intrusion into his personal space.

Mr. Robinson stated he is currently seeing his psychiatrist, Dr. Auza, every two weeks, for CBT-oriented treatment and psychotropic medication management. He feels he needs more frequent treatment in order to progress with managing his current mental health symptoms.

Mr. Robinson confirmed that he has been off work from City and County of San Francisco Police Department since November 5, 2018. He confirmed that in February 2020, he started a part time job in Bayview with the San Francisco School District, as a community relations specialist, until June, 2, 2020, when his job was terminated for budgetary reasons. About returning to work, he stated he thinks he may be able to work, but does not know whether he can work full-time, given his mental health symptoms. He said he feels anxious whenever he imagines returning to his former workplace.

## **MENTAL STATUS EVALUATION**

### **General Appearance**

Mr. Robinson was positively identified with a valid California driving license. He is a 44-year-old African American male. He appeared his stated age. He presented as well-groomed, and was dressed appropriately for the appointment in casual attire.

### **Interpersonal Manner**

Mr. Robinson's demeanor was polite and cooperative, and rapport was easily established. His eye contact was appropriate. He was alert and forthright in his responses to interview questions. There were no unusual mannerisms noted by this examiner during the evaluation. He became upset and tearful at times, while he was providing a history of the work-related stressful incidents.

### **Psychomotor Activity**

Within normal limits. Mr. Robinson did not display any abnormal motor behaviors. His gait was within normal limits. He displayed no tics, tremors, shakes, or hyperactivity.

### **Speech and Language**

Carol Chambers Psy.D.  
*Psychology*

**Robinson, Tyree**  
08/06/20

34

90

Within normal limits. Mr. Robinson spoke at normal speed and volume. His speech was articulate and he was deemed to be an adequate historian. No slurring or distortion in articulation was observed. No slang or profanity was used.

### **Memory, Attention and Concentration**

Within normal limits. Mr. Robinson was oriented to person, place, date and time. He did not appear to be impaired with regard to his memory, attention, or concentration during the interview. He did not appear distracted, nor was he confused by the questions asked.

### **Emotional state**

Mr. Robinson's demeanor was pleasant, polite and cooperative. His mood was moderately anxious, with a full range of affect, appropriate to the situation. He became visibly upset and agitated while recounting the stressful work-related events.

### **Thought Process and Content**

Within normal limits. Mr. Robinson's thought processes were goal-directed, logical, and sequential. He denied experiencing any hallucinations or perceptual disturbances. There was no evidence of delusions or bizarre/magical thinking. He did not exhibit paranoia or suspiciousness. His associations were normal, and his contact with reality was intact. There were no indications of psychotic thought process at the time of the evaluation. His thought content was appropriate to his mood and the circumstances. He displayed no obsessions, compulsions, or phobias that could be detected during the interview.

### **Risk of Harm to Self or Others**

He denied having had suicidal thoughts but said that at times he has been at a point where he prayed that: "If God took me in my sleep tonight I am fine with it." The most recent time he experienced such thoughts was in 2018, around the time of his psychiatric injury. There is deemed to be no risk of self-destructive or aggressive behaviors. He denied experiencing any thoughts of self-harm or suicide, or of harming others.

### **Intellectual Functioning**

Within normal limits. Mr. Robinson appeared to be functioning at an above average intellectual level, with an above average fund of knowledge for his age, educational level, and life experiences. His judgment and insight appeared good.

## RESULTS FROM PSYCHOLOGICAL TESTING

Mr. Robinson tolerated the interview and testing well, and he is deemed to have put forth adequate effort during testing.

Mr. Robinson was administered the Beck Depression Inventory, the Beck Anxiety Inventory, the PTSD Checklist, the Epworth Sleepiness Scale, the Physical Self-Maintenance and Instrumental Activities of Daily Living Scale, and the Personality Assessment Inventory (PAI). The first five tests are based on self-report of symptoms, and the PAI is an objective personality inventory.

On the *Beck Depression Inventory*, Mr. Robinson obtained a score of 35. This places him in the severe range of subjective depression.

On the *Beck Anxiety Inventory*, Mr. Robinson obtained a score of 47. This places him in the severe range of subjective anxiety.

On the *PTSD Checklist*, Mr. Robinson's endorsement of symptoms meets full DSM-5 criteria for a diagnosis of Posttraumatic Stress Disorder per DSM-5.

On the *Epworth Sleepiness Scale*, Mr. Robinson obtained a score of 12. This places him in the mild range for level of excessive daytime sleepiness. A score equal to or above 10 indicates excessive daytime sleepiness.

On the *Physical Self-Maintenance and Instrumental Activities of Daily Living Scale*, Mr. Robinson obtained a score of 0. This result suggests that there is no impairment in his ability to perform activities of daily living.

### *Personality Assessment Inventory (PAI)*

The PAI provides a number of validity indices that are designed to provide an assessment of factors that could distort the results of testing. Such factors could include failure to complete test items properly, carelessness, reading difficulties, confusion, exaggeration, malingering, or defensiveness. Mr. Robinson completed the PAI questionnaire, yielding a valid profile, suggesting that he answered in a reasonably forthright manner and did not attempt to present an unrealistic or inaccurate impression that was either more negative or more positive than the clinical picture would warrant.

The PAI clinical profile is marked by significant elevations across several scales, indicating a broad range of clinical features. Profile patterns of this type are usually associated with marked distress and severe impairment in functioning. The

92

configuration of the clinical scales suggests a person with hostility and suspiciousness who is also acutely anxious, sensitive, and tense. Although he appears to harbor considerable anger and resentment, the degree of his anxiety may lessen the likelihood that this anger is expressed directly.

He reports a degree of anxiety that is unusual. His life is probably severely constricted by his tension and he may not be able to meet even minimal role expectations without feeling overwhelmed. Relatively mild stressors may be sufficient to precipitate a crisis. He is likely to be plagued by worry to the degree that his ability to concentrate and attend are significantly compromised. He feels a great deal of tension, has difficulty relaxing, and likely experiences fatigue as a result of high perceived stress. Overt physical signs of tension and stress, such as sweaty palms, trembling hands, complaints of irregular heartbeats, and shortness of breath are also present.

He is likely to be a hypervigilant individual who often questions and mistrusts the motives of those around him. He is extremely sensitive in his interactions with others and likely harbors strong feelings of resentment as a result of perceived slights and insults. Working relationships with others are likely to be strained.

He indicates that he is experiencing severe, specific fears or anxiety surrounding certain situations; these fears are of a degree that is unusual. His life is likely to be severely constricted by his psychological turmoil. Although efforts to control anxiety are probably present, these patterns are having little effect on preventing anxiety from intruding into experience and affecting functioning. He is likely to display a variety of maladaptive behavior patterns aimed at controlling anxiety.

He demonstrates a degree of somatic concerns that is unusual. Such a score suggests a ruminative preoccupation with physical functioning and health matters and severe impairment arising from somatic symptoms. These somatic complaints are likely to be chronic and accompanied by fatigue and weakness that renders the respondent incapable of performing even minimal role expectations. He is likely to report that his daily functioning has been compromised by numerous and varied physical problems. He feels that his health is not as good as that of his peers and likely believes that his health problems are complex and difficult to treat successfully. Physical complaints are likely to include symptoms of distress in several biological systems, including the neurological, gastrointestinal, and musculoskeletal systems. He is likely to be continuously concerned with his health status and physical problems, and his self-image may be largely influenced by a belief that he is handicapped by his poor health.

He reports a number of difficulties consistent with a significant depressive experience. He is likely to be plagued by thoughts of worthlessness, hopelessness and personal

failure. He admits openly to feelings of sadness, a loss of interest in normal activities, and a loss of pleasure in things that were previously enjoyed. He is likely to show a disturbance in sleep pattern and a decrease in level of energy and sexual interest.

A number of aspects of his self-description suggest noteworthy peculiarities in thinking and experience. His pattern of responses suggests that his thought processes are likely to be marked by confusion, indecision, distractibility, and difficulty concentrating.

His self-perception may vary from states of harsh self-criticism and severe self-doubt to periods of relative self-confidence and intact self-esteem. His self-perception will tend to vary as a function of the current status of relationships. As a result, his self-esteem is quite fragile and is likely to plummet in response to slights or oversights by other people. His interpersonal style seems best characterized as pragmatic and independent. He is not lacking in social skills and he can be effective in social interactions.

In considering the social environment of the respondent with respect to perceived stressors and the availability of social supports with which to deal with these stressors, his responses indicate that he is likely to be experiencing notable stress and turmoil in a number of major life areas, including family relationships.

His interest in and motivation for treatment is typical of individuals being seen in treatment settings, and he appears motivated for treatment. His responses suggest an acknowledgement of important problems and the perception of a need for help in dealing with these problems. He reports a positive attitude towards the possibility of personal change, the value of therapy, and the importance of personal responsibility. However, the nature of some of these problems suggests that treatment would be fairly challenging, with a difficult treatment process and the probability of reversals.

#### **DIAGNOSTIC IMPRESSION - DSM-5**

F41.0            Panic Disorder  
F43.10        Posttraumatic Stress Disorder  
F50.8           Binge-eating disorder

Global Assessment of Functioning (GAF) = 45 (current)

94



## **CREDIBILITY AND RESPONSE STYLE**

Mr. Robinson's credibility is estimated to be in the adequate range. Additionally, results from psychological testing show no indications of attempts to consciously distort the test results in a direction favorable to the applicant.

## **SUMMARY**

Mr. Robinson is a 44-year-old single African American male who presented on the day of this evaluation with complaints of anxiety, panic symptoms, hyperarousal, hypervigilance, depressed mood, sleep disturbance, difficulty concentrating and binge-eating behaviors. During the interview, the applicant acknowledged that he had a history of anxiety from childhood, and records from Dr. Auza reveal some traumatic incidents from his childhood. The applicant sought treatment for these non-industrial stressors and reported that he was functioning at an adequate level, both socially and occupationally, prior to his psychiatric injury on 11/01/15.

According to records provided from Dr. Auza, Mr. Robinson's psychiatrist, the applicant has been under his care since 11/05/18. Since that date, Dr. Auza has been treating the applicant with counseling and psychotropic medications for symptoms of flashbacks, insomnia, excessive anxiety and irritability, poor concentration and depressed mood. He was prescribed alprazolam, sertraline, hydroxyzine, melatonin and Belsomra. He was found to have an inadequate response to medications, and was noted to be inconsistently compliant with the medication regimen. Dr. Auza provided the following diagnoses for the applicant: panic disorder, major depressive disorder recurrent severe, and posttraumatic stress disorder. He was given a Global Assessment of Functioning (GAF) score of 40, which remained unchanged from March 2019 through January 2020. It should be noted that although Dr. Auza's progress notes list 'major depressive disorder, recurrent, with psychotic features,' he does use the diagnostic code (F33.2) for 'major depressive disorder, recurrent severe,' raising the question about whether he views psychosis as part of the clinical picture for Mr. Robinson. The symptoms noted in his records do not support a diagnosis of psychosis. The diagnosis of major depressive disorder is not upheld in this evaluation, as his symptoms of depressed mood are subsumed under the diagnosis of PTSD.

Dr. Auza noted that in December 2018, the applicant reported anxiety and depression with regard to feeling retaliated against by his workplace. He complained of agitation, anxiety and depression, which reached moderate to severe levels. He had episodes of intense anxiety with restlessness and insomnia. The anxiety and depression reportedly increased with communication with his employer, and were improved with reduction in

Carol Chambers Psy.D.  
*Psychology*

Robinson, Tyree  
08/06/20

39





this communication. Additionally, his grandmother died on December 28<sup>th</sup>, 2018, and in January 2018, he reported additional family stressors having to do with his mother's gambling and his family's expectations of him, viewing him as "a bank," which caused a further increase in depression. He reported further anxiety and depression, accompanied by reports of "passive death wish," but no overt suicidal ideation. In February 2019, Dr. Auza noted that the applicant was "vague" regarding his compliance with antidepressant and sleep medications. His condition did not improve and in March 2019, an increase in level of care to partial hospitalization was explored, but was deemed unnecessary. In May 2019, one of his family members suffered a gunshot wound, causing him significant stress. In July 2019, he reported having developed binge-eating behaviors, which have continued until the date of this evaluation. In November 12, 2019, his aunt was hospitalized with possible kidney complications, and he had been going to the hospital to care for her, which had caused his anxiety to be at moderate to severe levels. Overall, the applicant reported severe stress due to family, economic, occupational, and health concerns, moderate stress due to friends, relationship, educational, and housing concerns, and mild stress due to his legal issues.

A clinical interview and battery of psychological testing was conducted. Mr. Robinson was deemed to be an adequate historian, and presented in a forthright and cooperative manner. He has a documented history of self-reported anxiety, however as noted above, there is no evidence that his anxiety symptoms rose to the level of a psychiatric disorder prior to 11/01/15, or that he was experiencing any functional social or occupational impairment due to mental health symptoms, prior to the date of his psychiatric injury on 11/01/15.

Mr. Robinson's psychiatric injury on 11/01/15 is deemed to have been caused by a combination of verbal abuse and intimidating, disrespectful and unprofessional behavior of his management at work. According to Mr. Robinson's description of the events, his manager engaged with him in an unprofessional and disrespectful manner, yelling at him while in close proximity, and adopting a communication style that is inappropriate for workplace communications. The above-mentioned behavior of his manager caused him to develop a psychiatric injury on 11/01/15. In the period between 11/01/15 and the present, Mr. Robinson experienced significant family stressors, including the death of his grandmother, the injury of a family member by gunshot wound and various other stressors related to the applicant's relationships with family members. While these stressors caused his symptoms to worsen, it is my opinion, with reasonable medical probability, that Mr. Robinson was suffering from an industrial injury by that time.

To conclude, based on the results of the current clinical evaluation, it appears that while Mr. Robinson had a history of anxiety symptoms prior to his work related injury, his symptoms were manageable. He required no time off as a result of his previous anxiety.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

40

96



His anxiety was in remission prior to 11/01/15. After the arrival of Mr. Mark Antonio, the applicant's supervisor, a series of work stressors as outlined in the Rolda analysis below, caused him to develop psychiatric symptoms culminating in the industrial psychiatric injury, dated 11/01/15. Subsequent to the injury, additional non-industrial stressors contributed to his symptoms of anxiety and depression.

In the present claim, Mr. Robinson is alleging work-related injuries/illnesses due to the following: chronic anxiety disorder, depression, binge eating disorder, irritable bowel syndrome (IBS), gastroesophageal reflux disease (GERD), severe fatty liver disease, migraine tension headaches, fibromyalgia, chronic insomnia, chronic fatigue syndrome, severe obstructive sleep apnea and morbid obesity. I have addressed the first three conditions (chronic anxiety disorder, depression, binge eating disorder) in this report. The other conditions are beyond the scope of my expertise, and I defer evaluation of such to a QME evaluation in the field of internal medicine.

These opinions are based on information provided to me by the applicant. If there is other information that contradicts what is reported here, then I am available to review it and reserve the right to change my opinion. If the facts of the work events reported by the applicant are accurate, then the mechanism of injury is logical and would lead to the history and progression of the illness as reported.

Mr. Robinson desires to return to work when he has recovered adequately from his mental health symptoms, and stated that he could not consider continuing to work at the same department where he was previously working. His mental health symptoms are currently in the severe range, and are likely to improve with treatment.

## CAUSATION

While Mr. Robinson reported a prior history of anxiety, he sought treatment for this and his symptoms improved with treatment. Mr. Robinson was functioning well at work and socially when he started working at the City and County of San Francisco Police Department in January, 2001. He was able to work full-time without interruptions, and to have a fulfilling social and family life, prior to the work-related psychiatric injury. Based on the results of the current clinical evaluation, it appears that Mr. Robinson began to experience an increase in symptoms of anxiety and depressed mood as a direct result of his supervisor's behavior toward him, including yelling at him, making vague but intimidating threats and violating culturally normative personal space boundaries. As a result of the supervisor's behavior, Mr. Robinson developed symptoms that worsened over time and resulted in the need for treatment and time off work. On current

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

41

97



examination, the applicant's symptoms meet criteria for diagnoses of panic disorder, posttraumatic stress disorder and binge-eating disorder, which appear to have been caused by his work-related psychiatric injury of 11/01/15.

The issues raised in this matter involve questions about lawful, non-discriminatory, good-faith personnel actions. There were no personnel records descriptive of the events in question, available for consideration in formulating my opinions. If the employer has documentation that the actions by Mr. Robinson's manager consisted exclusively of lawful, non-discriminatory, good-faith personnel actions regarding Mr. Robinson, then an additional evaluation may be warranted. Based on Mr. Robinson's description of the events, his manager's behavior would be perceived as disrespectful and unprofessional to anyone. This made it difficult for Mr. Robinson to perform his work duties, while trying to cope with his increasing mental health symptoms of anxiety, panic depression, binge-eating and difficulty concentrating.

Therefore, it is my opinion, with reasonable medical probability, that Mr. Robinson's current psychiatric injury was caused predominantly (i.e., greater than 51%) by the cumulative trauma of being verbally abused by his manager, beginning in 2013 and progressing to the date of injury on 11/01/15. On that date Mr. Robinson's symptoms were severe enough that his physician felt he needed to be placed on disability.

On the date of my evaluation, I found Mr. Robinson's credibility to be adequate. He reported a number of significant events at work that contributed to the current injury. Without the benefit of having reviewed personnel records, it is further my opinion that the contributors to the current injury are as follows:

**Employment Event #1 (20% of causation)** In 2013, Mr. Robinson described an incident in which he was on a telephone call with a police officer about a stolen vehicle. While he was on the call, the officer on the phone began to speak to him in a derogatory way. He explained to the officer that he was "not just an order taker," in an attempt to advocate for his professional identity. His boss, Mr. Antonio, who had overheard him, reportedly said to him: "Yes you are an order taker." Mr. Robinson countered that he was "a professional who is here to give support." When he realized his supervisor would not support him, he walked away, after which Mr. Antonio and another supervisor approached him, and Mr. Antonio pointed his finger two inches from Mr. Robinson's face. Mr. Robinson protested that his supervisor was now in his personal space and he suggested he remove his finger from his face and say what he had to say from a distance. His supervisor then reportedly started "screaming and yelling" about what his job duties were, to which Mr. Robinson replied that he was aware of his job duties. Mr. Robinson was written up, but his supervisor omitted his own behavior and actions from the write-



up. Mr. Robinson's coworkers said they would back him up, as they had witnessed the incident. Mr. Robinson experienced anxiety, fear and marked distress after this incident.

**Employment Event #2 (5% of causation)** In 2015, Mr. Robinson described an incident involving shift changes. When Mr. Robinson brought this up with Mr. Antonio, he reportedly said he would not hear him out and got agitated and began to shout at Mr. Robinson. He then reportedly slammed his fist on the table and ordered Mr. Robinson get out of his office, saying "don't you know what the word no means." He then got up from his desk and said "I am tired of you people and your problems." Mr. Robinson assumed he meant black people, but he later said he meant the people who work the swing shift. Mr. Robinson contacted his captain, Eric Vinero, by email, and said he hoped the issue could be handled amicably, as he was feeling anxious. The captain talked to Mr. Robinson and filed a report to HR. But Mr. Robinson was never contacted about it, and the case was closed. The experience of his supervisor slamming his fist on the table in front of him and shouting at him made Mr. Robinson feel anxious, distressed and fearful of his supervisor.

**Employment Event #3 (20% of causation)** In February 2016, Mr. Robinson described an incident in which a Caucasian male member of the public came to the window where Mr. Robinson was working, asking for a copy of a police report. He was the suspect of a domestic violence situation with his wife and daughter. Mr. Robinson explained to the man that he had to go through the Special Victims Unit. The man began to call him an "uneducated monkey" and did a monkey dance. There were officers and cadets in the lobby, but none intervened to support Mr. Robinson. He asked him to stop being disrespectful, but the man refused to leave. Mr. Robinson got up and went into the lobby and asked an officer to remove the man from the building and tell him to stay away for a week. The man kept pointing and screaming at his and doing his monkey dance. At one point, Mr. Robinson said: "I am not a monkey and I am not uneducated, but you have given us a show today, maybe you should think about joining the circus." The next day he explained to Mr. Antonio what had happened, and he said not to worry, that they get crazy people at the window. But in the meantime, Mr. Antonio had given the man the police report he wanted. Then Mr. Antonio filed a charge against Mr. Robinson for unbecoming conduct of a member. Mr. Robinson called the Union representative, Arsalia Montoya. An internal affairs meeting was held, with two inspectors, in which the Union rep did not say a word. He was asked if his behavior had been unbecoming, and then they went out of the room. The rep advised him to say that his behavior was unbecoming or he would get suspended. So Mr. Robinson did what he advised, and was written up. When he went to see the rep to challenge this, he was informed that the 15 days appeal period had passed and there was nothing he could do. At that point he realized the rep and his supervisor, Mr. Antonio were friends, and he felt "set up." He went to the Chapter President, who requested the footage of the incident. The internal affairs attorney told Mr. Robinson he was willing represent him in a civil suit if they did not take the letter of reprimand out of

his file. Mr. Robinson felt increasingly anxious and fearful of his supervisor and management, as well as members of the public with whom he had to deal, as he realized officers would not support him in a case of racial targeting, and he would even be written up in such a situation. He stated: "Every time I saw someone white come in, I didn't know if they would attack me. I was very nervous." Mr. Robinson felt unfairly treated by his management, and also found that he was afraid of being racially targeted in future, as he became convinced that officers would not protect him in such an incident.

**Employment Event #4 (10% of causation)** Mr. Robinson described several incidents of harassment and disrespect towards him as follows. In 2017, Mr. Robinson was absent at a training session, due to insomnia after being in a car accident. A police car was sent to his house. Mr. Robinson did not understand why they did not simply call him and ask if he was alright. Recently, he said police came again to his home to deliver mail through his door pertaining to his case, which disturbed his aunt, when she saw a police car had pulled up outside their house. He felt it was a form of harassment. Additionally, his management had him identified as a black female in his files there. He addressed this and told them he have never identified as a female. Until the present, he has tried to have this changed in his file, to no avail.

**Employment Event #5 (20% of causation)** Mr. Robinson stated that in 2018, Mr. Antonio and command staff had violated his privacy by going through his personal file cabinet. His personal effects were taken out and placed in boxes, without informing him ahead of time. Mr. Robinson questioned whether it had been necessary to empty the cabinet of his personal effects, and said he had felt disrespected. Mr. Robinson said he wanted a Union representative present to deal with the issue, as he felt fearful of his management. Mr. Robinson said a lieutenant came back and "barged into his office" and said he wanted to speak with him. Mr. Robinson replied he would not do so without a Union representative. The lieutenant reportedly said: "You better or life will become very miserable for you here." Mr. Robinson replied that he had a right to have representation, and he was exercising that right. The lieutenant suggested they meet with Mr. Antonio, but Mr. Robinson stated he did not trust either the lieutenant or Mr. Antonio to treat him fairly. The lieutenant replied that if Mr. Robinson did not make up his mind to meet with him, he would be "sorry." At this point, the lieutenant was reportedly standing one foot away from Mr. Robinson, who was seated. A colleague of Mr. Robinson's was working late and observed the incident. The colleague reportedly wrote a statement about the lieutenant threatening Mr. Robinson. When the lieutenant returned and asked him if he had thought about it, Mr. Robinson I said he had the same answer. The lieutenant allegedly went on to raise his voice, saying: "Who is the boss here, you or me? I gave you a direct order and you refused. I am writing you up for insubordination. You put the nail in your own coffin." Mr. Robinson felt afraid. He took out his notepad and wrote down what was being said to him. The lieutenant asked him if he needed him to spell it or repeat

100



it. Mr. Robinson asked the lieutenant to stop harassing him. Mr. Robinson became afraid for his safety, and felt he had no one who would support him at work. He said when his manager was shouting at him, his "stomach was in knots" and he was severely anxious.

**Employment Event #6 (5% of causation)** On 11/05/18, which was his last day of work, Mr. Robinson described an incident in which Mr. Antonio and one of the sergeants approached him, and referred to him using his employee number, rather than his name. That day, Mr. Antonio recommended that Mr. Robinson be suspended for five days and get a Skelly Hearing and handed him a memo saying that in two weeks his shift would be changed, and asked him to sign a document. Mr. Robinson refused to sign the document. He began to feel nauseous, anxious and fearful of his supervisor. Mr. Antonio then said they would do his performance evaluation, and Mr. Robinson refused, saying he did not have representation, and began to record the conversation. Mr. Antonio said that since Mr. Robinson declined to meet with them and was claiming to be sick, he would be taken out of service and sent home for the night. The next day, Mr. Robinson went to see his primary care doctor, Alvin Wong, M.D., who took him off work for 30 days due to work stress. Mr. Robinson stated he received no assistance from the HR department, and he felt there was nowhere he could turn for help. His anxiety and depressed mood increased as a result of this incident.

**Employment Event #7 (20% of causation)** In February 2020, Mr. Robinson said that Mr. Antonio called him and asked him if he would consider transferring to another department. Mr. Robinson said he was not interested in transferring until he can return to work. He then received congratulatory messages from his coworkers on his transfer to the ID Bureau. Since he had not agreed to the transfer, he felt disrespected and disempowered.

**Total 100% of causation**

It is my opinion, with reasonable medical probability, that the above described events represent a predominant (i.e. greater than 50%) cause of the claimant's psychiatric injury. Because this case involves actions that appear to constitute personnel actions and the supervision of Mr. Robinson, it is further my opinion that these events - described above as Employment Events #1 through #7 - also represent a substantial cause (35-40%) of the applicant's industrial injury. The question as to whether or not these events constitute good faith personnel actions, and thus whether this is a true industrial injury, is deferred to the trier of fact.

**I found that there were no non-industrial events contributing to causation of the current injury.**

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

45

101

## DISABILITY

The psychiatric symptoms developed by Mr. Robinson have resulted in a temporary partial disability from the date of the psychiatric injury: 11/01/15. At the present time, he is deemed to be temporarily partially disabled, and requires mental health treatment on the basis of:

- Anxiety
- Symptoms of PTSD
- Panic symptoms
- Severely depressed mood
- Sleep impairment, secondary to anxiety
- Binge-eating behaviors, secondary to anxiety
- Difficulty concentrating

As a result of my clinical evaluation, and the findings of the psychological testing, it is my opinion that Mr. Robinson's current Global Assessment of Functioning (GAF) is 45.

Individuals whose GAF falls within this range are experiencing serious symptoms, with severe difficulty in social or occupational functioning. The experience of being verbally abused and harassed by management in his workplace acted to reduce his psychological defenses. Prior to the arrival of his manager, Mr. Antonio, he stated he felt safe in his workplace. The experience of being abused violated his sense of safety and security, leading to the development of panic disorder, PTSD and a binge-eating disorder. His mental symptoms have remained at a severe level from the date of injury (11/01/15) through to the date of this evaluation (07/08/20).

## APPORTIONMENT

According to medical records provided, Mr. Robinson has a history of anxiety from childhood, for which he has received treatment off and on over the course of his life. There is no known previous award for a psychological injury. After reviewing the material obtained from the clinical interview, significant stressors from his personal life were found for the period from (11/01/15) through to the date of this evaluation (07/08/20). Records from Dr. Auza from this time period note that the applicant reported family stressors, which contributed to increases in his symptoms of anxiety and depression. These issues will be considered for apportionment of permanent psychological impairment when the claimant reaches a state of Maximal Medical Improvement.

Carol Chambers Psy.D.  
*Psychology*

Robinson, Tyree  
08/06/20

46

102



## TREATMENT RECOMMENDATIONS

It is my opinion that Mr. Robinson should receive 10-12 months of weekly counseling sessions to address symptoms of anxiety and depression. His mental health symptoms are deemed to be at a severe level currently, and are likely to improve with treatment.

Mr. Robinson is currently prescribed medications to address his symptoms. Ongoing follow up sessions with a psychiatrist should be provided on a monthly basis to manage and monitor these medications. All prescribed medications should be provided without interruption. Any interruption in the provision of these medications risks a relapse or worsening of symptoms.

I would like to re-evaluate Mr. Robinson after he has received the full 10 months' treatment.

Additionally, I would like to receive and review all treatment and evaluation records generated in the interim, and any pertinent personnel records.

## WORK STATUS

Mr. Robinson is deemed to be temporarily partially disabled (TPD) at this time. He is deemed able to return to part-time work with modifications. Specifically, these modifications include:

- His workplace should be in a department and location other than the department and location where the work-related injury took place.
- He should not have to interact in a subordinate or peer position to his previous supervisor.
- He should work no more than 20 hours per month.

If the organization is able to effect such a transfer and accommodations for Mr. Robinson, then he may return to part-time work. If the organization is unable to accommodate this transfer, then the applicant is deemed temporarily totally disabled (TTD).

For Mr. Robinson, being engaged in productive work in a part-time capacity would be beneficial to his psychological wellbeing. Therefore, the sooner he returns to part-time work, the quicker he is likely to recover, from a psychological standpoint.

Carol Chambers Psy.D.  
Psychology

Robinson, Tyree  
08/06/20

47

103

## **COMPLIANCE STATEMENT**

Pursuant to Labor Code Section 4628 (j), I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and, except as noted herein, that I believe it to be true.

Pursuant to Labor Code Section 4628 (b), I further declare under penalty of perjury that I personally performed the evaluation of the applicant or, in the case of a supplemental report, I personally performed the cognitive and analytical services necessary to produce the report and that, except as otherwise stated herein, the evaluation was in compliance with the guidelines, if any, established by the Industrial Medical Council or the Administrative Director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 of the California Labor Code.

I further declare under penalty of perjury that I have not violated the provisions of California Labor Code Section 139.3 with regard to the evaluation of this applicant or the preparation of this report.

I further declare under penalty of perjury that the names and qualifications of each person who performed any services in connection with the report, including diagnostic studies, other than clerical preparation, are as follows:

Psychological Assessment Resources Inc. provided the scoring and computer generated interpretation of the PAI. All psychological test results have been reviewed by Dr. Chambers prior to preparing his final opinions.

Dr. Chambers reviewed and analyzed all medical records. Staff at MedPro ordered, collated and summarized some of the medical records and performed a review and analysis of some of the medical records.

Dr. Chambers performed the intake and medical history and conducted the psychological examination. Dr. Chambers alone generated and wrote up his final opinions. All opinions and final conclusions in this case are those only of Dr. Chambers.

I verify under penalty of perjury that the total time spent on the following activities is true and correct:

Carol Chambers Psy.D.  
*Psychology*

**Robinson, Tyree**  
08/06/20

48

104



Review and analyze records	10.0	hours
Face-to-Face clinical interview	3.0	hours
Case formulation and dictation	5.0	hours
Edit and finalize report	9.0	hours
Psychological Testing	2.0	hours

Signed on this 6<sup>th</sup> day of August, 2020, in the County of Nevada, by:

*Carol Chambers*

Carol Chambers, Psy.D.

Lic. CA PSY 27159

Carol Chambers Psy.D.  
*Psychology*

Robinson, Tyree  
08/06/20

49

105

Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of Nevada, California. I am over the age of eighteen years, my (business / residence) address is:

PO Box 2184  
Nevada City  
CA 95959

On 3/7/20, I served the attached QMC Report on the parties listed below in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at Nevada City addressed as follows:

Victor Lee  
Claims Adjuster  
Division of Workers' Compensation/DHR  
One South Van Ness Avenue, 4th Floor  
San Francisco, CA 94103-5413

David Hart, Esq.  
Law Office of David Hart  
340 Eureka Square  
Pacifica, CA 94004

Matthew Barravecchia  
Deputy City Attorney  
Office of City Attorney Dennis Herrera  
City Hall, Room 234  
1 Dr. Carlton B. Goodlett Pl.  
San Francisco, CA 94102

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on:

(date) 3/7/20, at Nevada City, California.

Type or print name CAROL CHAMBERS, Psy. D.

Signature Carol Chambers

106

City and County of San Francisco  
Micki Callahan  
Human Resources Director



Department of Human Resources  
Connecting People with Purpose  
www.sfdhr.org

October 9, 2020

Tyree Robinson

Via U.S. Mail

RE: Complaint of Discrimination

Dear Tyree Robinson:

You are receiving this letter because you have an open or recently closed complaint at DHR EEO. At DHR/EEO, we are committed to equal employment opportunity (EEO) for all City applicants and employees. In pursuing our purpose we have a duty to provide a fair and compliant EEO process to investigate complaints of EEO violations in the workplace, take appropriate action to prevent and correct any violations identified through the investigative process, and make whole any harmed employees.

We recently learned that Rebecca Sherman, a former DHR EEO employee, lied to an employee about the status of that employee's complaint, forged a settlement agreement, and lied to supervisors and others at DHR EEO to conceal her misconduct. I am shocked and saddened by her actions, particularly because of the terrible impact on the employee who made the complaint. Rebecca Sherman's unethical conduct undermines our pursuit of ensuring a workplace free of discrimination, harassment, and retaliation, but it will not stop our resolve. I want to assure you that DHR EEO is committed to the review of your complaint and to ensuring that where we identify discrimination, harassment, or retaliation suffered by City employees, we make a determination on the complaint and work with the employee's department to promptly address it. We have already begun the audit of all cases handled by Sherman and DHR EEO is reviewing all standard operating procedures to identify and include additional safeguards to ensure this does not happen again.

Thank you in advance for entrusting DHR EEO for the review and resolution of your claim. If you have any concerns regarding the processing of your complaint, please send your concern to DHR-EEO@sfgov.org.

Sincerely,

Linda C. Simon  
Director, EEO and Leave Programs  
Department of Human Resources

*-If she has reviewed my cases, I'm not convinced that her illegal and unethical actions were thoroughly investigated and resolved.*

107



**NOTICE OF FUTURE EMPLOYMENT RESTRICTIONS**

Tyree L. Robinson  
Employee Name

Street Address

City State Zip

2/26/2021 *Date 2 months later in a retaliatory desperate move to ensure my unemployability with SFPD/Administration CCSF, since I was required to resign as a result of my workers compensation award.*

This notice is to inform you that a future employment restriction is being imposed along with your separation action, or with the action of automatic resignation, reported to the Department of Human Resources separating you from your position in Class 1426, Title Senior Clerk Typist, effective 12/17/2020, for the reasons outlined in the attached document(s).

The items checked below are the restrictions made by the department on your future employability for positions covered by the San Francisco civil service system: *Resignation date and they couldn't terminate me as they had intended to as a result of the strike.*

No Restrictions on Employment

Permanent Restriction

Conditional Restriction

Citywide  Department(s): \_\_\_\_\_

DOT/SAPP  Job Code(s): \_\_\_\_\_

Cancel Current Examination & Eligibility Status

Conditional restrictions may be lifted by proving you have satisfactorily met the following requirements:

Requirement Type	Description:	Level of Measurement:	Measurement Value:
CER: Certification			
EXP: Work Experience			
LIC: Licensure			
SAP: Substance Abuse Program			
Other:			

In addition to the noted conditional restrictions, you are also restricted from specific attributes of a job class and/or department until you satisfactorily prove you meet the requirements to lift the restriction(s) as noted below:

Future Employment Restrictions	Description:	Level of Measurement:	Measurement Value:
001: Vehicle/Heavy Machinery			
002: Vulnerable Populations			
003: Face to Face Contact w/Public			
004: Contact w/Animals			
005: Signing/Approving City Docs			
006: Financial Instruments			
007: Confidential/Privileged Information			
008: IT Infrastructure			
009: Means of Entry to Living Spaces			
010: Pharmaceutical/Drug Inventory			
011: CDC Defined Toxins			
012: Weapons/Explosives			
013: City Property Valued > \$100			
014: Electronic Voting Systems			

108

You may request a hearing before the Civil Service Commission on your future employability with the City and County of San Francisco. The Civil Service Commission has the authority to remove restrictions or impose additional restrictions on your future employability. You may request a hearing for review of any restrictions on your future employability with the Civil Service Commission within \_\_\_\_\_ calendar days of the mailing date of this notice or from the date of separation, whichever is later. The request must be submitted in writing to the Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102 by \_\_\_\_\_. Requests received after this date will not be considered and your right to a hearing will be forfeited. If you do not request a hearing or file an appeal, the Human Resources Director will take final administrative action to confirm the restriction(s) in effect on the date of separation (Note: Future Employment Restriction(s) effective immediately).

If this matter is subject to the Code of Civil Procedures (CCP) Section 1094.5, the time by which judicial review must be sought is set forth in CCP Section 1094.6. (SEE BELOW)

MUST BE COMPLETED BY DEPARTMENT			
List #:	<u>1,051,718</u>	Rank #:	<u>1</u>
DSW:	<u>19,585</u>	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Final      Status of Action
Emp Organization:	<u>San Francisco Police Dept.</u>	<u><i>William Scott</i></u>	
METHOD OF SERVICE:		SIGNATURE OF APPOINTING OFFICER	
<input type="checkbox"/> Hand Delivered		<u>WILLIAM SCOTT</u>	
<input checked="" type="checkbox"/> Certified Mail	<u># 701234600002328781E</u>	NAME	
		<u>Chief of Police - San Francisco Police Department</u>	
		TITLE	

**INFORMATION FOR FORMER EMPLOYEE FOLLOWING SEPARATION**

1. This document serves as an official notice of future employment restrictions imposed with the Notice of Automatic Resignation from Employment to the former employee or with a Separation Action that is subject to the provisions of a collective bargaining agreement, to the Civil Service Commission, and the Department of Human Resources.
2. A separated employee may request a hearing before the Civil Service Commission only for review of any restrictions on their future employability with the City and County of San Francisco.
3. Such appeals or requests for hearing must be in writing and received from the employee or the employee's representative by the date specified on this notice. The request must be submitted to the Executive Officer, Civil Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102.
4. An employee who requests a hearing within the time limits is entitled to:
  - a. Representation by an attorney or authorized representative of her/his own choice.
  - b. Notification of date, time, and place of hearing at a reasonable time in advance.
  - c. Inspection by the employee's attorney or authorized representative of those records and materials on file with the Civil Service Commission which relate to the restrictions on future employability.
5. Any interested party may request that the hearing be continued or postponed.
6. The decision of the Civil Service Commission is final and not subject to reconsideration.
7. In the absence of a timely request for a hearing as provided above, no later request for a hearing will be considered.

109



City and County of San Francisco  
Micki Callahan  
Human Resources Director



Department of Human Resources  
Connecting People with Purpose  
www.sfdhr.org

SEPARATION REPORT

INSTRUCTIONS: Please complete the Separation Report to:

1. Document internal departmental processes. Please do not send to DHR.
2. Document that the employee separation is not a complete separation from City service, Separation Report must be completed by the sending department and submitted to the receiving department to be attached to the AP ESR.
3. To process a layoff. Please send to the DHR layoff coordinator.
4. To administer a settlement agreement involving the separation of the employee-submit documentation to your Client Services Representative. (Reference TER\_RZA)\*

Date of Request: 02/24/2021

Department Contact: Jenny Zeng Email: jenny.zeng@sfgov.org Phone: 837-7381

SECTION I: PERSONAL AND JOB INFORMATION

Name (Last, First, M.I.): Robinson, Tyree L. Employee I.D.: 019585

Job Code: 1426 Job Title: Sr. Clerk Typist

Position Number: 1051718 Hourly Rate: \_\_\_\_\_ Step: \_\_\_\_\_ Effective Date: 12/17/2020

Empl. Class: PCS Work Schedule: Full-Time

Is the employee serving a probationary period at the time of the separation?  Yes  No

Is this a complete separation from City and County Service?  Yes  No

If no, continuing in:

Department Code: (Select One) Status: \_\_\_\_\_ Job Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Is employee granted leave pursuant to Civil Service Rule 120.31?  Yes  No

If no, is employee a transfer?  No  Yes, type of Transfer: (Select One)

SECTION II: SEPARATION INFORMATION

Resignation

Satisfactory Services (TER\_RSS)

Unsatisfactory Services (TER\_RUS)  
(Form DHR 1-13 must be on file)

By the appointee: I hereby freely and voluntarily resign from the above position. I request approval of this resignation as of the effective date with the full understanding that once approved, I may acquire another position in this class only as provided in the rules of the Civil Service Commission (see employee copy and CSC Rules 114&119).

SEE ATTACHED EMPLOYEE SIGNED MEMO

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Lay-off

Involuntary Leave (PCS\_LIL)  Elective Involuntary Leave (PCS\_EIL)

Involuntary Lay-off (PCS\_LIO)  Voluntary Lay-off (PCS\_LVO)

(PV & EX Only): (Select One)

Reason for lay-off: (Select One)

Employee acknowledges receipt of the DHR information leaflet.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

110

SEPARATION REPORT

DEPARTMENT USE ONLY

Termination

Settlement Agreement (TER\_RZA)  
\*(Separation Report and Settlement Agreement must be forwarded to Client Services Rep.)

Release from appointment: (Select One)

Release from probation: (Select One)

Dismissal: (Select One)

Terminated for cause (TFC) (TPV,NCS, & Exempts only)

Automatic Resignation (ARS)

Never Reported to Work (DSH)

Death of an employee (DEA)

Other (Specify): \_\_\_\_\_

Retirement: (Select One)

DEPARTMENT CERTIFICATION

The Appointing Officer/Authorized Designee named below hereby certifies that the information provided on this Separation Report is accurate, complete, and in compliance with applicable CCSF rules and policies.

William Scott (415) 837-7000  
Appointing Officer/Authorized Designee Signature Telephone

Name/Title: WILLIAM SCOTT - Chief of Police

Department Number: 38 Department Name: Police

Personnel File Forwarded?  Yes  No

Forwarded to:  
Department: \_\_\_\_\_ Contact: \_\_\_\_\_

DHR USE ONLY

Action Pending?  Yes  No

Analyst Name Telephone

SR Ref Number: \_\_\_\_\_ Holdover Canvass: \_\_\_\_\_

Reference Number used for layoff actions: \_\_\_\_\_



March 9, 2021

Dr. Tyree Robinson

Executive Officer  
Civil Service Commission  
25 Van Ness Ave., Suite 720  
San Francisco, CA 94102

Re: Employability

Dear Executive Officer of the Civil Service Commission,

I am writing to you to request a hearing before the Civil Service Commission for a review of the negative restrictions placed on my future employability and ability to make a living for myself and family within the City and County of San Francisco, in which I have been employed for the past 20 years until December 17, 2020, in which I resigned from my position as a 1426 Senior Clerk Typist. I received the attached Notice of Future Employment Restrictions as a certified letter dated February 26, 2021 in my residence mailbox.

I began my employment with the City and County of San Francisco on January 15, 2001, with the San Francisco Police Department, and have remained within the same unit until my resignation on the aforementioned date. During my 20-year tenure I have undergone racism, harassment, retaliation, and threats to my life by a non-sworn supervisor, and practically the entire command staff, dating back to approximately 2013. I have made several complaints to the EEOC, and I was always turned away with the reason that I had not suffered any losses e.g. demotions, classification, rate of pay, or termination. Every time I attempted to file a formal complaint with them, I explained that my physical, mental and emotional health was being affected, yet to no avail. I also made several complaints to the San Francisco Department of Human Resources, and every complaint was returned to me as unfounded. However, in October 2020, I received a letter from SFDHR that an employee who had worked in that department had been caught behaving in deceptive and illegal ways concerning other employees' cases; subsequently, she was terminated, and the letter promised that all of her previous cases (since I received a letter addressed to me personally, I'm assuming my cases were included) would be re-evaluated.

The harassment and other egregious actions towards me had made me so sick that on November 6, 2018, my physician took me off of work due to several chronic health conditions; many brought on and magnified by what I was enduring in my unit, Crime Information Services Unit (CISU). During my time off from work, harassment and intimidation tactics still continued via police officers coming to my home to deliver documents from Internal Affairs, when IA has access to the same shipping methods as all other units. I was continually brought up on frivolous

112



and retaliatory charges, in which I was threatened that if I did not attend, although I was off work on sick leave, that I would be punished. My physician wrote a letter asking that I be excused from skelly hearings and IA interviews while under his care, because in his medical findings, I was not capable of enduring these hearings. As a result of me following the direction of my physician, who has my best interest in preserving my health and helping to heal me, I was brought up on charges of insubordination. Finally, I applied for Workers Compensation benefits, and during that process, I had to see a physician from the City and County. She said that I suffered great mental anguish e.g. Post-Traumatic Stress Disorder (PTSD), Anxiety Disorder, and Severe Depression, as a result of the aforementioned actions. On December 17, 2020, I accepted a settlement with the City and County of San Francisco. During this time, the SFPD was attempting to terminate me due to me obtaining part-time employment during my time off, as I had no more sick time, vacation, SDI, or any other forms of income. I was advised by my workers' compensation attorney that I could get employment on sick leave. What I did not know, for I had never had to seek other employment during my time with the CCSF, was that I needed the approval of the department. Hence, the department's process of attempting to terminate me in a retaliatory and sinister manner.

One of the requirements of my workers' compensation settlement was for me to resign of my current position. I had no issue doing that due to the fact that it appeared quite likely that I would be terminated. The skelly hearing officer and the date of receipt of my case was in January, and their findings was that I was guilty, and therefore terminated. When it was brought to the attention of IA attorney Ashley Worsham, Esq. that I had resigned approximately one month prior to my written skelly response, her response was that she was not aware of that, which I do not believe. My skelly officer was from SFDHR, and if anyone knows of my resignation, they do, SFPD HR does, as well as all parties involved.

So as a result of them not being able to terminate me, I believe that the employment restrictions, which specify that I cannot work in any other department citywide. I feel that that decision was also a retaliatory and sinister decision to prove that throughout the years of me fighting battles with them the legal way, they still have the final decision. I say it is sinister because I have worked in the same unit for the entire 20 years of my employment with the SFPD, if I'm such a problem employee, why had I not been terminated years ago. I feel this decision to make me unemployable with other city departments is unfair, and made from a personal move of hatred towards me. I should have ended my employment with the SFPD years ago, upon receiving a confrontational, racist supervisor, by transferring to another department. I am quite marketable and would be an asset to other departments, as I have many years of work experience, as well as having earned my Doctor of Education degree, which also was attempted to be blocked by schedule change by my former supervisor.

113

Therefore, I am requesting a hearing for my entire experience to be shared, to prove that I have been targeted due to my race and workers' compensation status. I also have many documents to prove my case. Will you please grant me that opportunity to prove my case? I look forward to hearing from you soon.

Regards,

Dr. Tyree Robinson

CC: Mr. Evan McLaughlin-SEIU 1021 Union Representative  
Ms. Madelyn McMillian-SEIU 1021 Chapter President  
Mrs. Monica Wheaton-Howell-SEIU 1021 Shop Steward/Former Chapter President

114



# CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

*Sent via Email*

March 30, 2021

Tyree L. Robinson

**Subject: Register No. 0046-21-7: Request for Hearing on his Future Employability with the City and County of San Francisco.**

Dear Tyree L. Robinson:

This is in response to your appeal submitted to the Civil Service Commission on March 10, 2021 requesting a hearing on your future employability with the City and County of San Francisco. Your appeal has been forwarded to the Department of Human Resources for investigation and response to the Civil Service Commission.

If your appeal is timely and appropriate, the department will submit its staff report on this matter to the Civil Service Commission in the near future to request that it be scheduled for hearing. The Civil Service Commission generally meets on the 1st and 3rd Mondays of each month. You will receive notice of the meeting and the department's staff report on your appeal two Fridays before the hearing date via email, as you have requested on your appeal form.

The Civil Service Commission has the authority to remove restrictions or impose additional restrictions on your future employability. However, the Commission **CANNOT** reverse the department's decision to terminate your employment. In the meantime, you may wish to compile any additional information you would like to submit to the Commission in support of your position. The deadline for receipt in the Commission office of any additional information you may wish to submit is 5:00 p.m. on the Tuesday preceding the meeting date by email to [civilservice@sfgov.org](mailto:civilservice@sfgov.org). Please be sure to redact your submission for any confidential or sensitive information (e.g., home addresses, home or cellular phone numbers, social security numbers, dates of birth, etc.), as it will be considered a public document.

You may contact me by email at [Sandra.Eng@sfgov.org](mailto:Sandra.Eng@sfgov.org) or by phone at (628) 652-1100 if you have any questions. You may also access the Civil Service Commission's meeting calendar, and information regarding staff reports and meeting procedures, on the Commission's website at [www.sfgov.org/CivilService](http://www.sfgov.org/CivilService).

Sincerely,

CIVIL SERVICE COMMISSION

/s/

SANDRA ENG  
Executive Officer

115