| <b>File</b> | No. | 210783 |
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|             |     |        |

| Committee Item | No. |  |
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| Board Item No. | 2   |  |

## **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

| Committee: Government Audit and Oversight Date: Sept. 17, 2021                                                                                                                                                                                                                                                                                  |                                                 |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|
| Board of Supervisors Meeting: Date: Oct. 5, 2021                                                                                                                                                                                                                                                                                                |                                                 |  |  |  |  |
| Cmte Board    Motion   Resolution   Ordinance   Legislative Digest   Budget and Legislative Analyouth Commission Report   Introduction Form   Department/Agency Cover   MOU   Grant Information Form   Grant Budget   Subcontract Budget   Contract/Agreement   Form 126 – Ethics Commission Award Letter   Application   Public Correspondence | llyst Report<br>Letter and/or Report            |  |  |  |  |
| OTHER                                                                                                                                                                                                                                                                                                                                           |                                                 |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                 |                                                 |  |  |  |  |
| Prepared by: John Carroll Prepared by: John Carroll Prepared by: John Carroll                                                                                                                                                                                                                                                                   | Date: Sept. 10, 2021 Date: Sept. 24, 2021 Date: |  |  |  |  |

[Settlement of Lawsuit - Juanita Stockwell, et al. - \$480,000]

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- 3 Ordinance authorizing settlement of the lawsuit filed by Guillermo Amigo, E.R.
- 4 Balinton, Mike Bolte, Nikolaus Borthne, Edward Browne, Peter Busalacchi, Gary Castel,
- 5 Philip Fleck, Severo Flores, George S. Fogarty, Malcolm Fong, Mary Godfrey, Jason
- 6 Hui, Terrye Ivy, Jacklyn Jehl, Bartholomew Johnson, James Jones, Richard Jue, Robert
- 7 Leung, Michael Lewis, Paul Lozada, D.H. Bud Massey, Bruce Meadors, Vince Neeson,
- 8 Thomas O'Connor, Susan Rolovich, Juanita Stockwell, Jessie A. Washington, and
- 9 Michael Wells against the City and County of San Francisco for \$480,000; the lawsuit
- was filed on December 17, 2015, in San Francisco Superior Court, Case No. CGC 15-
- 11 549482; entitled Juanita Stockwell, et al. v. City and County of San Francisco; the
- 12 lawsuit involves an employment dispute.

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- Be it ordained by the People of the City and County of San Francisco:
- Section 1. Pursuant to Charter Section 6.102(5), the Board of Supervisors hereby

authorizes the City Attorney to settle the action entitled <u>Juanita Stockwell</u>, et al. v. City and

- 17 County of San Francisco, San Francisco Superior Court, Case No. CGC-15-549482 by the
- payment of \$480,000. The lawsuit involves an employment dispute.

19

- 20 Section 2. The above-named action was filed in San Francisco Superior Court on
- December 17, 2015, and the following parties were named in the lawsuit: Plaintiffs Guillermo
- Amigo, E.R. Balinton, Mike Bolte, Nikolaus Borthne, Edward Browne, Peter Busalacchi, Garv
- 23 Castel, Philip Fleck, Severo Flores, George S. Fogarty, Malcolm Fong, Mary Godfrey, Jason
- Hui, Terrye Ivy, Jacklyn Jehl, Bartholomew Johnson, James Jones, Richard Jue, Robert
- Leung, Michael Lewis, Paul Lozada, D.H. Bud Massey, Bruce Meadors, Vince Neeson,

| 1  | Thomas O'Connor, Susan Rolovich, Juanita                   | Stockwell, Jessie A. Washington, and Michael               |
|----|------------------------------------------------------------|------------------------------------------------------------|
| 2  | Wells; Defendant City and County of San Fra                | ncisco.                                                    |
| 3  |                                                            |                                                            |
| 4  | APPROVED AS TO FORM AND RECOMMENDED:                       | RECOMMENDED:                                               |
| 5  | DENNIS J. HERRERA                                          | SAN FRANCISCO POLICE DEPARTMENT                            |
| 6  | City Attorney                                              | SANT NANCISCO FOLICE DEFAITIBLINT                          |
| 7  | <u>/s/</u><br>KATHARINE HOBIN PORTER                       | /s/                                                        |
| 8  | Chief Labor Attorney                                       | WILLIAM SCOTT Chief of the San Francisco Police Department |
| 9  | FUNDS AVAILABLE:                                           | APPROVED:                                                  |
| 10 | /// NAC-LHAll                                              |                                                            |
| 11 | /s/ Michelle Allersma for Ben Rosenfield<br>BEN ROSENFIELD | SERGEANT STACY YOUNGBLOOD                                  |
| 12 | Controller                                                 | Secretary, San Francisco Police Commission                 |
| 13 |                                                            |                                                            |
| 14 | n:\labor\li2018\090577\01528383.docx                       |                                                            |
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## **LEGISLATION RECEIVED CHECKLIST**

| Date       | <u>6/25/21</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | File Number (                                                                                                                                                                                                 | if applicable) _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                         |
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| [] [       | _egislation Pend                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ntroduction (NEW)<br>ding in Committee (AMENDE)<br>soard Agenda (AMENDED)                                                                                                                                     | D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Legislative Clerk Committee Clerk Deputy Clerk                          |
| Crant      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | upervisor, Mayor, and De                                                                                                                                                                                      | partmental S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ubmittals                                                               |
|            | Signature: Supporting of Cover lette Grant bud Grant infor Letter of Ir Contract, I Ethics For Grant sup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | er (original) get/application rmation form, including signed attent or grant award letter fron Leases/Agreements (if applica m 126 (if applicable) in <b>Word</b> bort documents as identified in             | the Mayor's de separate <b>pdf</b> of separate <b>pdf</b> of separate <b>pdf</b> of separate <b>pdf</b> of separate separa | esignee, plus the Controller<br>copies of each in email<br>cklist<br>cy |
| Ordin      | ance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |
|            | ] Legislation:<br>] Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Original,1 hard copy, and 1 e<br>City Attorney (For Settlemen                                                                                                                                                 | t of Lawsuits -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |
|            | [ ] Other sup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | er (original)<br>t Report/Agreement (for settle<br>port documents <i>as identified i</i>                                                                                                                      | separate <b>pdf</b> of<br>ements)<br>In the cover lett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | copies of each in email er and legislation BOS.Legislation@sfgov.org    |
|            | Resolution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | giolation/oupporting accum                                                                                                                                                                                    | onto. Cont to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Doo.Logiciation Gorgoviorg                                              |
| [ ]<br>[ ] | Legislation: Signature: Supporting of Supporting of Supporting of Supporting of Supporting of Supporting Suppo | locuments: 1 full set, and er (original) get/application rmation form, including signedatent or grant award letter from Leases/Agreements (if application applicable) in Word cort documents as identified in | the Mayor's de separate <b>pdf</b> of separate <b>pdf</b> of separate <b>pdf</b> of separate <b>pdf</b> of separate separa | esignee, plus the Controller<br>copies of each in email<br>cklist<br>cy |
| Resol      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | * W                                                                     |
| [ ]        | Signature:<br>  Supporting o<br>  Cover lette<br>  Settlemen<br>  Other sup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | er (original)<br>t Report/Agreement (for settle<br>port documents <i>as identified i</i>                                                                                                                      | ttlement of Cla<br>r, Commission<br>separate <b>pdf</b> of<br>ements)<br>n the cover lett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ims - City Attorney,<br>Secretary)<br>copies of each in email           |
| Jo         | y Perez 415-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 554-3869                                                                                                                                                                                                      | City At                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | torney                                                                  |
|            | and Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                               | Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |