CITY OF EMERYVILLE
CLAIM FORM

Please Type or Print and return to:

City Attorney's Office, City of Emeryville
1333 Park Avenue Emeryville, Ca 94608
Phone: 510.596.4381 Fax: 510.596.3724
Email: city_attorney@emeryville.org

CLAIM AGAINST Emeryville Police Department
(Name of Entity)

Claimant's name Gielo Randa Sambas SS# _____

Claimant's date of birth _____ Telephone # [redacted]

Claimant's address [redacted]

Address where notices about claim are to be sent, if different from above: _____

Date of incident/accident: August 2024 - present (multiple incidents)

Date injuries, damages, or losses were discovered: _____

Location of incident/accident: Multiple locations [redacted] across city

What did entity or employee do to cause this loss, damage, or injury? Retaliatory Surveillance / Intentional Infliction of Emotional Distress
(Use back of this form or separate sheet if necessary to answer this question in detail.)

What are the names of the entity's employees who caused this injury, damage, or loss (if known)? -

What specific injuries, damages, or losses did claimant receive? -

(Use back of this form or separate sheet if necessary to answer this question in detail)

What amount of money is claimant seeking, or which is the appropriate court of jurisdiction [Government Code 910(f)]?

To be proven at trial.

How was this amount calculated (please itemize)? _____

(Use back of this form or separate sheet if necessary to answer this question in detail)

Date Signed: 9/25/2025 Signature: [signature]

If signed by representative:

Representative's Names _____ Address _____

Telephone # _____

Relationship to Claimant: _____