althor aire		(CITIZEN CO	MPLAINT FORM			
REPORT DATE REPORT TIME		DATE OCCURRED TIME OF OCCU		RRENCE (FROM - TO)	(this Box for Office Use	(this Box for Office Use Ordy) COMPLAINT - LA.	
Witness Inform	Trings Diseases						
Name: Last, First, M	H	Date of Birth	mation as to any v Street or Ma	vaness(es) that we may o ling Address	contact in order to investigate the City – State – Zip Code	Complaint. Telephone Number	
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affixing my Sig	mature to this i	Form; I attest under t	he Criminal an	d Civil Penalty of F	Parjury, that the Foregoin	g contained	
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