

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Grievance # _____
Witness Form # _____

Witness Name: Teresa A. Hamilton Contact Number: 818-590-0599

Mailing Address: 6107 Morella Avenue Email: thamil@aol.com

No. Hollywood, CA 91606

Grievances are defined as set forth in the Los Angeles Administrative Code Section 22.818.

"The following information contained herein is within my own personal knowledge and relates only to facts and circumstances surrounding the Grievance submitted by Walter Hall on July 27, 2016 regarding Mid-Town NoHo Neighborhood Council."

To Whom It May Concern,

I was at the meeting held on July 13th, 2016 and find the grievance presented to be accurate. I also felt that this Council did not conduct this meeting fairly, with respect to the attendees and speakers who were not necessarily in 100% supportive of the NoHo West project as proposed. I felt that some of the Board members were very disrespectful towards me and the neighborhood that I reside (and own my home) in.

Also, it is my opinion that this very important meeting was poorly run by an officer other than the president or vice-president (who were in attendance) and did not heed the words or concerns of the vast majority of the attendees who spoke against certain aspects of the project.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: July 25, 2016

Name: Teresa A. Hamilton

Signature: 

Department Review

Date witness form received: _____ Date witness form reviewed: _____

Witness form reviewed by: _____ Grievance number: _____