

**DEPARTMENT OF NEIGHBORHOOD
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Grievance # _____
Witness Form # _____

Witness Name: Sylvia Urdiano Contact Number: 323.455.9669

Mailing Address: _____ Email: s.urdiano@yahoo.com

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 Erick Carbajal on 6/30/17 regarding Central Alameda Neighborhood Council.”

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

Date: 6/30/17

Name: Sylvia Urdiano

Signature: 

Department Review

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

Witness form reviewed by: _____ Grievance number: _____