

**DEPARTMENT OF NEIGHBORHOOD  
EMPOWERMENT WITNESS STATEMENT FORM**

FOR DEPT USE ONLY

Challenge # \_\_\_\_\_  
Witness Form # \_\_\_\_\_

Witness Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Challenges are covered 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 \_\_\_\_\_ on \_\_\_\_\_ regarding \_\_\_\_\_ Neighborhood Council."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that all information on this form is public record.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature:  \_\_\_\_\_

**Department Review**

Date witness form received: \_\_\_\_\_ Date witness form reviewed: \_\_\_\_\_

Witness form reviewed by: \_\_\_\_\_ Grievance number: \_\_\_\_\_