

FELONY COMPLAINT

REFERRAL # _____ INTERPRETER REQUIRED ☐ LANGUAGE _____

REQUEST FOR PROSECUTION

WITNESS LIST				
NAME	OFCR. I.D.	AGENCY	DIV/UNIT	BUS. PHONE
C-286	C-287	C-288	C-289	() C-290
				()
				()
				()
CIVILIAN WITNESSES				
WITNESS NAME	ADDRESS		PHONE	
C-291	C-292		() C-293	
BUSINESS NAME	ADDRESS		PHONE	
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WITNESS NAME	ADDRESS		PHONE	
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BUSINESS NAME	ADDRESS		PHONE	
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BUSINESS NAME	ADDRESS		PHONE	
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