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U.S. ATTORNEY DIST. OF N.J.
SEP 2 0
MAIL ROOM
NEWARK, N.J.

CITIZEN'S DUTY FORM

DATE: 9/20/95

NAME:	VICTOR SARAIVA
STREET ADDRESS:	[redacted]
CITY/STATE:	NEWARK NJ [redacted]
TELEPHONE NUMBER:	201/[redacted]

NATURE OF COMPLAINT

PLEASE SEE ATTACHED STATEMENT.

OTHER AGENCIES CONTACTED

AFTER YOU HAVE COMPLETED THIS FORM, PLEASE GIVE IT TO THE RECEPTIONIST. A MEMBER OF THE STAFF OF THE U.S. ATTORNEY'S OFFICE WILL CONTACT YOU WITHIN THE NEXT FEW DAYS IN RESPONSE TO YOUR COMPLAINT.

AUSA/TECH:	
COMMENTS:	