

**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
OFFICE OF STATE POLICE**

COMPLAINANT

PERSONNEL COMPLAINT AFFIDAVIT PAGE

- Fill in all blanks at the top of the page (Date & Time when affidavit is completed, and all complainant information).
- “Parish of” is the parish where the affidavit is completed.
- The blank after “Before me, the undersigned authority” remains blank and will be completed by the Trooper or Notary.
- The blank after “Personally came and appeared” is the complainant’s name.
- The blank after “Do hereby file an official complaint against” is the Trooper or DPS Officer’s name, if known.
- Initial the bottom right corner of each page

ALL CONTINUATION PAGES

- Fill in all blanks in the complainant information portion at the top of the page (Name, Date of Birth, Age, DL#, State).

LAST PAGE

- Fill in all known information into the witness information blanks at the top of the page.
- The blank after “Thus done, read and signed at” should be the city where the Affidavit is completed.
- The blank after “State of Louisiana, this” should be the numerical day of the month, the blank after “day of” should be the month, and the blank after this should be the numerical year. All information in this section should be when the Affidavit is completed, **NOT** when the incident took place.
- The “AFFIANT” blank is for the complainant’s signature and **must be signed in the presence of the EX-OFFICIO / NOTARY PUBLIC.**
- The “EX-OFFICIO/NOTARY PUBLIC” should be left blank as well as all information below this. It will be completed by the person taking the complaint or the Notary.

TROOPER OR NOTARY

PERSONNEL COMPLAINT AFFIDAVIT PAGE

- **Trooper Only:** Complete all information in the “Internal Use Only” box that is known. If one of the blanks is unknown, leave it blank. After complete, submit to the Troop or Section Commander.
- Your name should go into the blank after “the undersigned authority”.

LAST PAGE

- Your name goes in the blank above “EX-OFFICIO / NOTARY PUBLIC” and circle the appropriate title.
- Print your name in the corresponding blank.
- Put your EX-OFFICIO or NOTARY NUMBER in the corresponding blank.
- **Trooper Only:** Your commission expires “effective until rescinded.”
- **Notary Only:** Your commission expires on the date listed on your card.

**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
OFFICE OF STATE POLICE**

PERSONNEL COMPLAINT AFFIDAVIT

DATE: 07/28/2023
TIME: 2:03 pm

| | |
|----------------------------------|----------------------|
| Internal Use Only | |
| Date Written Affidavit Received: | _____ |
| IA or Non IA Case Number | _____ |
| Assigned to: | Date Assigned: _____ |

(COMPLAINANT INFORMATION)

NAME: David Lucito
DATE OF BIRTH: 06/10/1984 AGE: 39 D.L #: 012324165 STATE: LA
PHYSICAL ADDRESS: 3238 carlotta st apt 3
CITY: baton rouge STATE: LA ZIP CODE: 70802
TELEPHONE (RESIDENCE): 337 326 9914 CELL PHONE: _____

STATE OF LOUISIANA

AFFIDAVIT

PARISH OF east baton rouge

David Lucito

Before me, the undersigned authority _____, personally came and appeared: _____, who after being duly sworn, deposed as follows:

I, the undersigned, do hereby file an official complaint against Fusion Center Member parties, Louisiana State Police, Louisiana National Guard, John Bel Edwards

My complaint is as follows:

preventing my best evidence to have medical profession. We had my rights taken away, I can't even vote because thinks I'm crazy for clearly reporting this threat across all channels. that is the information weapon.

How many of my fusion center reports ever hit a target? If any, Why hasnt military already saved the day? What happens when someone gets My report? My fiance gets tortured in front of my face all day long. Alert the military Syndrome breach in the Governor's office.

Standing by for military interventions equal to all emergencies.

**DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
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Witness information:

Name: _____

Address: _____

Telephone Number(s): _____

Name: _____

Address: _____

Telephone Number(s): _____

Name: _____

Address: _____

Telephone Number(s): _____

Name: _____

Address: _____

Telephone Number(s): _____

I hereby swear or affirm that all of the information I have provided in this Affidavit is true and correct. I fully understand that by signing this affidavit, I will be required to appear at and testify if necessary, at any administrative hearing to which I am subpoenaed. I agree to return to testify when notified, and I realize that failing to do so may result in this complaint being terminated.

I agree to furnish, at my own expense, any medical records or documents and witness names which the State Police Internal Affairs investigation may request of me in regard to this complaint. I understand in order for there to be a thorough investigation my cooperation is required; and further that if I fail to cooperate or provide the records or witness names within ten working days that the investigation may be terminated.

I fully understand that any false statement I make to the State Police Internal Affairs investigators or designee, in regard to this complaint may be a violation of LRS 14:133.5, Filing a False Complaint Against a Law Enforcement Officer. The crime of filing a false complaint against a law enforcement officer is punishable by a fine of up to five hundred dollars (\$500.00) or imprisonment in the Parish jail for up to six (6) months or both.

I have been advised that Louisiana State Police has a policy prohibiting retaliation for filing a complaint against an officer. In the event I believe I have been retaliated against for filing this complaint, I understand that I may report such information to Internal Affairs for investigation.

I certify that I have read this form and understand it in full, and that all of the information that I have given or will give to the State Police Internal Affairs investigators or designee is true and correct to the best of my knowledge.

Thus done, read and signed at _____, State of Louisiana, this _____ day of _____, _____.

David Lucito
AFFIANT

EX-OFFICIO / NOTARY PUBLIC
(circle one)

PRINT NAME

EX-OFFICIO or NOTARY NUMBER _____

MY COMMISSION EXPIRES _____