

Louisiana Department of Public Safety and Corrections  
 Office of State Police – Bureau of Investigation  
 And  
 Louisiana Department of Health and Hospitals  
 Office of Public Health

LSP EOC CIR #:

Date Assigned:

Submitting Agency:

**INITIAL COMPLAINT/OFFENSE REPORT**

Location	City and Parish	Nature of Complaint/Offense	Complainant
Complaint ( <i>why suspicious</i> )			
Received By	Received Via	Time of Offense	Date of Offense
Officer(s) Assigned		Time of Complaint	Date of Complaint

<b>SENDER</b>	<b>Name/Business:</b>	<input type="text"/>
	<b>Address:</b>	<input type="text"/>
	<b>City:</b>	<input type="text"/>
	<b>State:</b>	<input type="text"/>
	<b>Country:</b>	<input type="text"/>

<b>RECIPIENT</b>	<b>Name/Business:</b>	<input type="text"/>
	<b>Address:</b>	<input type="text"/>
	<b>City:</b>	<input type="text"/>
	<b>State:</b>	<input type="text"/>
	<b>Occupation &amp; Location:</b>	<input type="text"/>
	<b>Telephone Number:</b>	<input type="text"/>

<b>DELIVERY</b>	<b>Postal, UPS, FedEx, etc.:</b>	<input type="text"/>
	<b>Delivery Date &amp; Time:</b>	<input type="text"/>
	<b>Delivery Location:</b> (doorstep, mailbox, mailroom, etc.)	<input type="text"/>
	<b>Postage Amount &amp; Description:</b>	<input type="text"/>
	<b>Postmark/Origin:</b>	<input type="text"/>
	<b>Tracking Number:</b>	<input type="text"/>

<b>DESCRIPTION OF PARCEL (Peculiarities)</b>	<b>Check all those that apply:</b>
	<input type="checkbox"/> Excessive Postage
	<input type="checkbox"/> Handwritten or poorly-typed addresses
	<input type="checkbox"/> Incorrect title(s)
	<input type="checkbox"/> Title, but no name
	<input type="checkbox"/> Misspellings of common words
	<input type="checkbox"/> Oily stains, discolorations, odor, or unknown substance
	<input type="checkbox"/> No return address
	<input type="checkbox"/> Excessive weight
	<input type="checkbox"/> Lopsided or uneven envelope
	<input type="checkbox"/> Protruding wires or aluminum foil
	<input type="checkbox"/> Excessive security material such as masking or packaging tape, string, etc.
	<input type="checkbox"/> Ticking sound
<input type="checkbox"/> Marked with restrictive endorsements such as "Personal" or "Confidential"	
<input type="checkbox"/> Shows a city or state in the postmark that does not match return address	

Ever received mail/package from this sender before?  Yes  No

**Package Contents:**

**Exposure List:**

**Other Comments/Narrative:**

**Transported by (Name, Agency, Contact Number):**

**Prior Threats – Possible Criminal/Terrorism Act:**

HM \_\_\_\_\_ Secured; Seized by HQ \_\_\_\_\_ for testing at **DHH Lab** \_\_\_\_\_

Reporting Officer's Signature	Officer's Name and Number	Date
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**Disposition:**

DPSSP 3235

I, \_\_\_\_\_, authorize Louisiana State Police to seize the above-mentioned item(s) and to secure and test if applicable. I further understand that this property may be disposed of in a manner to be determined by Louisiana State Police.

<b>DHH LAB</b>	
Receipt: _____	
Representative Receiving Sample	Time and Date

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

Time and Date: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE LAB LOCATION THE SAMPLE WAS SUBMITTED TO:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> OPH-Shreveport<br>Lab # _____ | <input type="checkbox"/> OPH-Lake Charles<br>Lab # _____ | <input type="checkbox"/> OPH-New Orleans<br>Lab # _____ |
|--|--|---|

Date of Lab Results \_\_\_\_\_ Results: B. anthracis (Anthrax)  Detected  Not Detected