



FEDERAL BUREAU OF INVESTIGATION

26 Federal Plaza, New York, NY 10278

Complaint Form

Date: 10/8/19 Time: 10:05 AM

Complainant Information:

Name: MAM EPSTEIN

Telephone: [REDACTED]

Language Spoken: ENGLISH

Address: [REDACTED] [REDACTED] (OFFICE)

Name of Employer: SELF

Facts of Complaint: INQUIRING ABOUT THE INVESTIGATION INTO MY BROTHER'S (JEFFREY EPSTEIN) APPARENT HOMICIDE.

How did complainant learn of this information?

Complaint taken by P.O.: [REDACTED]

Florida *The Sunshine State*
DRIVER LICENSE CLASS E


[REDACTED]

MARK LAWRENCE
EPSTEIN
125 LAKE PAULA DR
WEST PALM BEACH, FL 33411-2000
[REDACTED]

ISSUED: 04-21-2017 HGT: 5-11
EXPIRES: 07-14-2026

SEX: [REDACTED]
EYES: [REDACTED]


ORGAN DONOR

MOTORCYCLE ALSO

Operation of a motor vehicle constitutes consent to any sobriety test required by law.