NEW YORK STATE
OFFICE OF THE ATTORNEY GENERAL
PUBLIC INTEGRITY BUREAU
120 Broadway, 22nd Floor
New York, NY 10271

COMPLAINT FORM

1. PLEASE TYPE OF PRINT CLEARLY IN DARK INK.
2. COMPLETE THE ENTIRE FORM AND SIGN.
3. RETURN/SEND FORM TO THE PUBLIC INTEGRITY UNIT.

COMPLAINANT

Your Name: _____ Home Tel: _____

Street Address: _____ Business Tel: _____

City/Town: _____ State: _____ Zip: _____ County: _____

COMPLAINT

Public Agency/Individual you are complaining about: _____

Street Address (if known): _____

City/Town: _____ State: _____ Zip: _____ County: _____

Has this matter been submitted to another agency? [ ] Yes [ ] No

If so, which agency: _____

Is there any legal action pending? [ ] Yes [ ] No

If so, where: _____

PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW
(use back of form or attach additional documentation if necessary)

READ THE FOLLOWING BEFORE SIGNING BELOW:
I understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: _____ Date: _____

Return to: **NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL**
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120 Broadway, 22nd Floor
New York, NY 10271

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Received by: _____ Date: _____