

NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL  
REAL ESTATE FINANCE BUREAU  
120 Broadway, 23rd Floor  
New York, NY 10271-0332  
Attn: Enforcement Section  
Tel. 212 416 8121 Fax 212 416 8136

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**COMPLAINT FORM FOR**  
**CO-OPS, CONDOS & HOMEOWNERS ASSOCIATION**

**PLEASE PRINT CLEARLY OR TYPE**

1. Name or Address of building or development \_\_\_\_\_  
\_\_\_\_\_

2. Are you a (a) Tenant \_\_\_\_\_ apt. no. \_\_\_\_\_ (b) Subtenant \_\_\_\_\_ apt. no. \_\_\_\_\_  
(c) Owner of unit \_\_\_\_\_ apt. no. \_\_\_\_\_ (d) Offeree of unit \_\_\_\_\_ apt. no. \_\_\_\_\_

3. If tenant, are you: (a) rent-stabilized \_\_\_\_\_ (b) rent-controlled \_\_\_\_\_  
(c) Other (specify) \_\_\_\_\_

4. Check the items below that indicate present status of building or development:

a\_\_ Conversion of occupied residential building

b\_\_ Cooperative

c\_\_ Condominium

d\_\_ Homeowners Association

e\_\_ Timeshare

f\_\_ Syndication

g\_\_ Other (specify) \_\_\_\_\_

5. **Complaint Statement:**

Please be as specific as possible. Attach copies of any relevant documents. If necessary attach additional sheets.

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Complaint Form Continue:

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**Note:** In order to resolve your complaint we may send a copy of this form to the person or firm about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities at this time, it is suggested that I contact a private attorney. I have no objections to the contents of this complaint being forwarded to the business or person against whom the complaint is directed. The above complaint is true and accurate to the best of my knowledge. False statements made herein are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of Penal Law.

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

Name (Printed): \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Business) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please mail completed complaint form at the above mentioned address.**

Complaint Form Continue: