

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

COMPLAINT FORM

1. PLEASE TYPE OR 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)

Please see attached complaint

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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Received by: _____ Date: _____