



OFFICE OF THE ATTORNEY GENERAL BARBARA D. UNDERWOOD

STATE OF NEW YORK DEPARTMENT OF LAW

COMPLAINT FORM

ORGANIZED CRIME TASK FORCE

44 South Broadway
White Plains, NY 10601
Phone (914) 422-8700

- 1. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
2. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
3. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR COMPLAINT.

COMPLAINANT

Your Name: _____ Home Tel.: _____
Street Address: _____ Business Tel.: _____
City/Town: _____ State: _____ Zip: _____ County: _____

COMPLAINT

Firm or Individual about whom you are complaining: : _____
Street Address: _____ Tel.: _____
City/Town: _____ State: _____ Zip: _____ County: _____

Has this matter been submitted to another agency or attorney? [] Yes [] No If yes, please provide name and address:
[]

Is court action pending? [] Yes [] No If yes, please indicate where:
[]

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

Multiple horizontal lines for describing the complaint.

READ THE FOLLOWING BEFORE SIGNING BELOW:

PLEASE ATTACH TO THIS FORM **PHOTOCOPIES** of any papers involved (contracts, warranties, bills received, cancelled checks, correspondence, etc.) **DO NOT SEND ORIGINALS.**

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing certain laws. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: STATE OF NEW YORK DEPARTMENT OF LAW
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DISPOSITION
(for agency use only)