



OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES
STATE OF NEW YORK DEPARTMENT OF LAW
Taxpayer Protection Bureau – Complaint Form

The Taxpayer Protection Bureau investigates misconduct by private companies or individuals seeking to defraud the State of New York. The Bureau recovers funds lost to the government through such false or fraudulent conduct by investigation and litigation.

To report misconduct of this type, please complete this entire form. Either submit the form electronically or by mail, filling out the form using type or clearly printing in blue or black ink.

COMPLAINANT:

Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Phone: _____

Email Address: _____

COMPLAINT:

Has the government been the victim of false or fraudulent conduct? Yes No

Identify the government agency or subdivision that was victimized: _____

About how much money has the government lost? \$ _____

Individual/Business you are complaining about: _____

Address (if known): _____

City/Town: _____ Zip Code: _____

Have you consulted an attorney? Yes No

Is there any legal action pending related to the facts of this complaint? Yes No

PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW:

(Please attach additional documentation if necessary)

READ THE FOLLOWING BEFORE SIGNING BELOW:

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, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge. I also 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: _____

PLEASE NOTE:

Your submission of this form does not create any rights for you to share in a recovery that the government might obtain. If you wish to learn more about New York’s whistleblower law (the New York False Claims Act) or your own rights, please consult a lawyer or refer to our website at: <http://www.ag.ny.gov/bureau/taxpayer-protection-bureau> for more information.

PLEASE RETURN THIS FORM TO:

New York State Office of the Attorney General
Taxpayer Protection Bureau
28 Liberty Street, 15th Floor
New York, NY 10005