

CLINIC ACCESS COMPLAINT FORM



ATTORNEY GENERAL LETITIA JAMES
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
CIVIL RIGHTS BUREAU
28 LIBERTY STREET
NEW YORK, NEW YORK 10005
PHONE: (212) 416-8250 FAX: (212) 416-6030
WEB SITE: <http://www.ag.ny.gov>

Please complete this form if you believe that protesters outside a reproductive health care facility have physically obstructed patient or staff access to the facility, or have used acts of force or threats of force to interfere with access. Information on this form will be used for investigative purposes, and in the event of litigation, may be subject to disclosure.

Name and location of facility where incident occurred: _____

Date and time of incident: _____

Did the protester(s) engage in acts of force against you or someone else, by for example, hitting, pushing or touching you or them? If so, please explain.

Did the protester(s) threaten you or others with an act of force? If so, please explain. To the best of your recollection, state the exact words that were used.

Did the protester make it difficult for you or others to enter or leave the clinic? If so, please explain.

(PLEASE TURN OVER)

Can you identify or describe the protester(s) who were involved? If so, please do so below.

What is the best way to contact you if we need more information from you?

Please add any other comments (you can attach additional paper 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 to enforce laws designed to protect the public against interference with access to reproductive health care facilities. I also understand that this complaint form is not a lawsuit. I agree that the Attorney General's Office may use its discretion in using the information I have provided. If I have any questions concerning my legal rights or responsibilities, I understand that I should consult with a private attorney. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statement made in this complaint is punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Your name: _____

Signature: _____

Date: _____

**Return to: Reproductive Rights Unit
Civil Rights Bureau
State of New York
Office of the Attorney General
28 Liberty Street, 15th Floor
New York, NY 10005
Fax: 212-416-8074**