OFFICE OF THE ATTORNEY GENERAL LETITIA JAMES

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)

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: _____

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