



Complaint Form

First name

Middle name

Last name

Address line 1

Address line 2

City

State

ZIP

Email

Phone 1

Phone 2

Home Cell Office Other

Home Cell Office Other

Topic of Complaint

Select all that apply.

Purchase/lease

(Goods or services purchased, auto issues)

Health care & health insurance

(Denial of care, coverage dispute, access to prescription drugs, reproductive rights)

Credit & lending

(Loan, mortgage, credit card, credit reporting)

Investing & finances

(Personal investments, stocks, securities, broker-dealers)

Housing

(Dispute with landlord, management company, broker, real-estate developer; rental applications; rent security issues; deed theft)

Law enforcement/police

(Misconduct, discrimination, abuse)

Employment

(Wage or hiring dispute, harassment)

Public official(s)

(Misconduct, corruption, bribery, misuse of resources)

Discrimination

(Bias, voting rights, access to public resources or spaces)

Charity/non-profit

(Fraud, corruption, fake charity, registration issues)

Other

Date of incident or transaction

Location of incident or transaction

Please be as specific as possible.



Do you have any supporting documents?

Yes No

If Yes, please attach.

No originals, please. We suggest removing social security numbers, date of birth, and account numbers unless needed to understand your complaint.

Has this matter been submitted to another agency or an attorney?

Yes No

If Yes, please provide name, address, phone, email, and submission date.

Is court action pending?

Yes No

If Yes, provide court venue and date.

Complaint Subject 1 *(Who/what this is about)*

Name of person or organization

Website

Address line 1

Address line 2

City

State

ZIP

Email

Phone 1

Phone 2

Office/Main Home Cell Other

Office/Main Home Cell Other

Complaint Subject 2 *(Who/what is this about)*

Name of person or organization

Website

Address line 1

Address line 2

City

State

ZIP

Email

Phone 1

Phone 2

Office/Main Home Cell Other:

Office/Main Home Cell Other:



Please describe your complaint, incident, or issue:

In filing this complaint, I understand that:

- » The Attorney General is not my private lawyer. The Attorney General is a public servant who protects the public from illegal or misleading practices. This complaint does not mean that the Attorney General will start a lawsuit for me.
- » The Attorney General cannot give me legal advice or represent me in court. If I have any questions about my legal rights or responsibilities, I should contact a private lawyer.
- » The Attorney General may send a copy of my complaint, and any documents I provide, to the person or organization I mention in my complaint. I give that person or organization permission to provide information about my complaint to the Attorney General.
- » The Attorney General may use information from my complaint to show that the law has been broken.
- » The Attorney General works with other government agencies at the state, local, and federal levels to investigate complaints and with the police. The Attorney General may share my complaint with these agencies.

I affirm this ____ day of _____, 20__, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that:

- » the foregoing is true, except as to matters alleged on information and belief and as to those matters I believe it to be true, and
- » I understand that this document may be filed in an action or proceeding in a court of law.

Signature

Print name

Please return to:

Office of the New York State Attorney General, Constituent Services Bureau
28 Liberty Street | New York NY 10005