

OFFICE OF THE ATTORNEY GENERAL ERIC T. SCHNEIDERMAN STATE OF NEW YORK DEPARTMENT OF LAW

COMPLAINT FORM

ORGANIZED CRIME TASK FORCE 44 South Broadway WHITE PLAINS, NY 10601 (914) 422-8700

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 YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
 MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR COMPLAINT.

Your Name:				Home Tel.:	
street Address:				Business Tel.:	
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MPLAINT_					
irm or Individual about whom you ar	e complaining: :				
treet Address:				Tel.:	
ity/Town:		State:	Zip:	County:	
as this matter been submitted to anot	her agency or attorney? [] Y	/es []No If yes	, please provid	e name and address:	
court action pending? [] Yes [No If yes, please indicate ind	cate where:			
		FLY DESCRIBE YOU			
	(use the back of fo	rm or attach additiona	I documentation	n if necessary)	

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