



**OFFICE OF THE ALBANY COUNTY DISTRICT ATTORNEY  
PUBLIC INTEGRITY UNIT**

Albany County Judicial Center  
Albany, New York 12207  
Fax Number (518) 487-5093

**COMPLAINT FORM**

PLEASE TYPE OR PRINT CLEARLY IN DARK INK.  
COMPLETE THE ENTIRE FORM AND SIGN.  
RETURN/SEND FORM TO THE PUBLIC INTERGRITY UNIT.

**YOUR CONTACT INFORMATION**

Your name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

**YOUR COMPLAINT**

Public Agency/Individual you are complaining about: \_\_\_\_\_  
Street Address (if known): \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Has this matter been submitted to another agency?  Yes  No  
If so, which agency? \_\_\_\_\_  
Is there any legal action pending?  Yes  No  
If so, where and what? \_\_\_\_\_

**PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW**

(use back of form or attach additional documentation if necessary)

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

I 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: \_\_\_\_\_

Return to: **OFFICE OF THE ALBANY COUNTY DISTRICT ATTORNEY  
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Fax Number (518) 487-5093

Received by: \_\_\_\_\_ Date: \_\_\_\_\_