



United States Attorney's Office
Eastern District of New York
Criminal Intake Unit
Criminal Division

Anonymous Civilian Crime Report

IMPORTANT NOTE

Even though this Report is being submitted anonymously, knowingly and willfully including a statement herein which you know to be false, is a Federal crime under United States Code, Title 18, Section 1001

Person/Entity Being Complained About:

Name: _____

Address: _____

City, State: _____ Zip: _____

County: _____ Phone: _____ Website: _____

Does this Report Pertain to an Ongoing Case? ___ Yes ___ No ___ Not Sure

If Yes, What is the Case Name and Docket Number (if known): _____

NATURE OF ALLEGED CRIMINAL VIOLATION(S):

- | | | |
|---|---|---|
| <input type="checkbox"/> Healthcare/Medicare Fraud | <input type="checkbox"/> Terrorism/National Security | <input type="checkbox"/> Securities Fraud |
| <input type="checkbox"/> Tax Fraud | <input type="checkbox"/> Organized Crime | <input type="checkbox"/> Corporate Fraud |
| <input type="checkbox"/> Environmental Crime | <input type="checkbox"/> Computer Crimes/Hacking | <input type="checkbox"/> Internet Fraud |
| <input type="checkbox"/> Public Corruption/Fraud/Waste | <input type="checkbox"/> Mortgage/Bank/Credit Card/ATM Fraud & Identity Theft | |
| <input type="checkbox"/> Child Pornography/Exploitation | <input type="checkbox"/> Human Trafficking (for sex or forced labor) | |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Other (please explain) _____ | |

Please clearly describe the violation of federal criminal laws that you would like to bring to our attention. Include as much information as possible, including the dates, places and nature of incident, and contact information for any witnesses (do not send original documents):

Mail this completed report to:

United States Attorney's Office
Eastern District of New York
Attn: Criminal Intake Unit
271 Cadman Plaza East
Brooklyn, NY 11201