U.S. ATTORNEY'S OFFICE – EASTERN DISTRICT OF NEW YORK
CITIZEN INQUIRY/COMPLAINT FORM

Date: _____ Time: _____

Name: _____

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Tel. No: _____ Cell No: _____

Who referred you to this Office? _____

Have you contacted other Government offices concerning this issue yet? ☐ Yes ☐ No

If yes, which office(s)? _____

Inquiry/Complaint:

Please return to: United States Attorney's Office
Eastern District of New York
271-A Cadman Plaza East
Brooklyn, New York 11201
Attn: Intake