



Civilian Crime Report

The U.S. Attorney's Office represents the Government in legal proceedings and works closely with investigative agencies including the FBI. The Criminal Division of the United States Attorney's Office is responsible for enforcing the federal criminal laws within the Southern District of New York, which encompasses the boroughs of Manhattan and the Bronx, as well as Dutchess, Orange, Putnam, Rockland, Sullivan, and Westchester Counties.

WE CANNOT CONSIDER INFORMATION SUBMITTED BY E-MAIL OR LEFT ON VOICEMAIL

Person Completing This Report:

Your Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Person/Entity Being Reported:

Name of Person Being Reported

Address

Address (Line 2)

City, State

Zip

County

Phone

Although the volume of information we receive from concerned members of the public prevents us from responding individually to every Report, be assured that we will carefully consider the information you have provided us to determine whether there is a matter for this Office to investigate. Should we determine that your Report raises a matter within the jurisdiction of this Office to investigate and that further information from you is necessary for our investigation, you will be contacted. This Office does not resolve individual consumer complaints.

NOTE FOR INTERNATIONAL SUBMISSIONS

We review for any appropriate action all submissions we receive. However, to avoid interference with the sovereignty of foreign nations, we do not respond to or acknowledge submissions from mailing addresses outside of the United States.

Does this Report Pertain to an Ongoing Case?

Yes

No

Not Sure

If Yes, Please Provide the Following Case Information:

Case Title and Docket Number (if known): _____

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):

Are You a Victim of this Alleged Crime?

Yes No Not Sure

Are You Aware of Any Other Victim(s)?

Yes No Not Sure

If Yes, Please List Other Victim(s): _____

Are You Represented by an Attorney in this Matter?

Yes No

If Yes, Please Provide Attorney Contact Info:

Name: _____ Phone: _____

Address: _____

Have You Filed a Lawsuit Concerning this Matter?

Yes No

If Yes, Please Provide the Following Case Information:

Case Title and Docket Number: _____

Name and Address of Court: _____

Status of Court Case (pending, dismissed, settled): _____

Have You Previously Filed a Report about this Matter with this Office or Any Other Federal, State or Local Agency(s)?

Yes No If Yes, Date Filed: _____

Contact Person: _____ Agency: _____

Status of Previous Report: _____

By submitting this form you certify that all of the statements made in this report (including continuation pages and addendum) are true, complete, and correct, to the best of your knowledge. You understand that a false statement of a material fact is a criminal offense (18 U.S.C. Section 1001).

Signature: _____ Date: _____

IMPORTANT NOTE REGARDING THE PRESERVATION OF YOUR LEGAL RIGHTS:

Submitting a Report to this Office has no effect on any statute of limitation that might apply to any claim you may have. By submitting a Report to this Office, you have not commenced a lawsuit or other legal proceeding, and this Office has not initiated an investigation or lawsuit regarding the subject of your Report. If you seek to sue for money or other relief, you should contact a private attorney to represent you in court.

Mail this completed report to:

United States Attorney's Office
Southern District of New York
Attn: Civilian Crime Reports Unit (Criminal Division)
One St. Andrew's Plaza
New York, NY 10007