



Civilian Complaint Form

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 charged with enforcing the federal criminal laws within the Southern District of New York, which includes the Bronx, Dutchess, New York, Orange, Putnam, Rockland, Sullivan and Westchester counties.

Person Filing This Complaint:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Person/Entity Being Complained About:

Name

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 complaint, 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. If we determine that your complaint 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.

NATURE OF ALLEGED CRIMINAL VIOLATION(S):

Healthcare/Medicare Fraud

Tax Fraud

Terrorism/National Security

Internet Fraud

Public Corruption/Fraud/Waste

Organized Crime

Corporate Fraud

Drugs

Computer Crimes/Hacking

Environmental Crime

Human Trafficking (for sex or forced labor)

Child Pornography/Exploitation

Mortgage/Bank/Credit Card/ATM Fraud & Identity Theft

Securities Fraud

Other (please explain) _____

Does this Complaint 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 Complaint 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 Complaint: _____

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that all of the foregoing information is true, correct and complete to the best of my knowledge, information and belief.

Signature: _____ Executed on this Date: _____

IMPORTANT NOTE REGARDING THE PRESERVATION OF YOUR LEGAL RIGHTS:

Submitting a complaint to this Office has no effect on any statute of limitation that might apply to any claim you may have. By submitting a complaint 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 complaint. If you believe that your rights have been violated and you seek to sue for money or other relief, you should contact a private attorney.

Mail this completed complaint form to: **United States Attorney's Office
Southern District of New York
Attn: Civilian Complaint Unit (Criminal Division)
One St. Andrew's Plaza
New York, NY 10007**