

New York State Unified Court System Office of the Inspector General

Complaint Form

Please complete this form to file a general complaint with the Inspector General's Office. Following the receipt of your complaint, you will be contacted by a member of our staff responsible for investigating your complaint.

Name: _____
Mailing
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone: _____ Work Phone: _____ E-mail: _____

Information about the complaint:

Name of subject of complaint: _____
Address: _____
City: _____ State: _____ Zip code: _____
Home Phone No.: _____ Work Phone No.: _____

Is subject of complaint a court employee?: Yes ___ No: ___
If yes, where are they assigned?: _____ Title of employee: _____

Location of Complaint: _____ Court: _____
County: _____

Please briefly summarize your complaint:

I authorize the New York State Unified Court System's Office of the Inspector General to use my name in investigating this claim.

Signature: _____ **Date:** _____

Please attach any additional information you may have about the claim and mail or fax this form or copy to:

**Office of the Inspector General
25 Beaver Street
New York, New York 10004
Phone No.: 646-386-3508
Fax No.: 212-514-7158**