NEW YORK STATE OF OPPORTUNITY. | Division of Licensing Services

RETURN COMPLETED FORM TO:
New York State
Department of State
Division of Licensing Services
Complaint Review Office
P.O. Box 22001
Albany, NY 12201-2001
(518) 473-2728
www.dos.ny.gov

Preliminary Statement of Complaint

IMPORTANT: The Department of State represents the interests of the people of the State of New York, which interests may differ from your own. We cannot provide you with legal advice and cannot seek damages on your behalf. You should consult with a private attorney for advice on these matters. If you believe a licensee has committed a crime, you should contact law enforcement. This document is subject to disclosure under the Freedom of Information Law. The person or firm you are complaining about will receive a copy of this document.

Have you filed a lawsuit? *(please check one)* ☐ YES ☐ NO

If yes, please understand that we cannot investigate matters that are the subject of a pending lawsuit.

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY | STATE | ZIP+4 | COUNTY

HOME PHONE ( ) | BUSINESS PHONE ( ) | CELL PHONE ( ) | **EMAIL ADDRESS**

PERSON AND/OR FIRM YOU ARE COMPLAINING ABOUT:

NAME (LAST, FIRST, M.I., SUFFIX) | NICKNAME/BUSINESS NAME

ADDRESS NUMBER AND STREET

CITY | STATE | ZIP+4 | COUNTY

BUSINESS PHONE ( ) | CELL PHONE ( ) | **EMAIL ADDRESS**

FOR OFFICE USE ONLY

DATE RECEIVED:

ENF DISTRICT:

FILE NUMBER:

ENF INVESTIGATOR:

CRU INVESTIGATOR:

CRU RECOMMENDATION:

Preliminary Statement of Complaint

TYPE OF BUSINESS YOU ARE COMPLAINING ABOUT:

☐ **Real Estate Broker/Sales -** *Attach any available documents and/or records relevant to the transaction(s) in question, including but not limited to, the following:*

- Listing Agreement
- Commission Agreement
- Real Property Management Agreement
- Agency Disclosure Form
- Contract of Sale
- Lease
- Closing Statement
- Receipts
- Rental Applications

☐ **Real Estate Appraiser** – *Attach appraisal reports(s) and proof of payment.*

☐ **Private Investigator** – *Attach advanced statement of service/contract, proof of payment, and investigative reports.*

☐ **Notary Public** – *Attach notarized document(s) in question.*

☐ **Home Inspector** – *Attach inspection report and proof of payment.*

☐ **Security Guard**

☐ **Hearing Aid Dispenser/Business** – *Attach contract and/or receipt and proof of payment.*

☐ **Security and Fire Alarm Installer** – *Attach contract and/or invoice and proof of payment.*

☐ **Ticket Reseller** – *Attach complete copies of invoices, receipts, and proof of payment.*

☐ **Apartment Information Vendor/Sharing Agent** – *Attach contract, escrow agreement, and proof of payment.*

☐ **Nails, Beauty and Barber** – *You may file this complaint at "One-Stop E-Licensing" at:* https://aca.licensecenter.ny.gov/aca/

Attach any and all available documents relevant to the transaction(s) in question for the following:

☐ **Armored Car Carrier/Guard**

☐ **Coin Processor**

☐ **Athlete Agent**

☐ **Document Destruction Contractor**

☐ **Bedding**

☐ **Health Club**

☐ **Central Dispatch Facility**

☐ **Telemarketer Business**

☐ **Other: Please Specify**

NAME AND ADDRESS OF WITNESS OR OTHER PEOPLE INVOLVED IN COMPLAINT:

Witness #1

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY | STATE | ZIP+4 | COUNTY

HOME PHONE ( ) | BUSINESS PHONE ( ) | CELL PHONE ( ) | **EMAIL ADDRESS**

Preliminary Statement of Complaint

Witness #2

NAME (LAST, FIRST, M.I., SUFFIX)

ADDRESS NUMBER AND STREET

CITY | STATE | ZIP+4 | COUNTY

HOME PHONE | BUSINESS PHONE | CELL PHONE | **EMAIL ADDRESS**

( ) ( ) ( )

AMOUNT OF MONEY INVOLVED IN COMPLAINT: _____

INDICATE THE NATURE OF YOUR COMPLAINT. BE EXACT WITH FACTS. IF YOU NEED MORE SPACE, ATTACH AN ADDITIONAL SHEET OF PAPER. ATTACH ALL SUPPORTING DOCUMENTS RELEVANT TO TRANSACTIONS DESCRIBED. ATTACH ANY CORRESPONDENCE, INCLUDING EMAIL, WITH THE PARTY YOU ARE COMPLAINING ABOUT.

You may check this box in lieu of signing below. By checking this box or signing below, you acknowledge that the above information is correct and that it is subject to disclosure under the Freedom of Information Law.

Signature *Date*