



New York State
DEPARTMENT OF STATE
STATE ATHLETIC COMMISSION

**PLEASE RETURN COMPLETED
FORM BY FAX OR MAIL TO:**

NEW YORK STATE
ATHLETIC COMMISSION
Complaint Review Office
123 William Street, 2nd Floor
New York, NY 10038-3804
Fax : (212) 417-4987

PRELIMINARY STATEMENT OF COMPLAINT

IMPORTANT: This document is subject to disclosure under the Freedom of Information Law. The person(s) or organization(s) named in this statement will receive a copy of this statement of complaint.

Instructions: Please print or type the information requested

PERSONAL INFORMATION:

YOUR NAME: LAST NAME	FIRST NAME	MI
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YOUR ADDRESS: NUMBER AND STREET

CITY	STATE	ZIP CODE	COUNTY
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TELEPHONE CONTACT
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PERSON(S)/ORGANIZATION(S) REGARDING THIS COMPLAINT:

NAME OF PERSON/ORGANIZATION

ADDRESS OF PERSON/ORGANIZATION NUMBER AND STREET

CITY	STATE	ZIP CODE	COUNTY
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TELEPHONE CONTACT
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NAME OF PERSON/ORGANIZATION

ADDRESS OF PERSON/ORGANIZATION
NUMBER AND STREET

CITY	STATE	ZIP CODE	COUNTY
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TELEPHONE CONTACT
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NEW YORK STATE ATHLETIC COMMISSION

TELEPHONE: (212) 417-5700 • WWW.DOS.NY.GOV • E-MAIL: INFO@DOS.DOS.NY.GOV

INDICATE THE NATURE OF YOUR COMPLAINT. BE EXACT AS TO THE FACTS. ATTACH MORE PAGES IF REQUIRED:

What action are you seeking from the New York State Athletic Commission?

I hereby certify and affirm that the foregoing statements are true, to the best of my knowledge, under penalties of perjury:

Signature

Date