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# Preliminary Statement of Complaint

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## TYPE OF BUSINESS YOU ARE COMPLAINING ABOUT:

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**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** \_\_\_\_\_

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## 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

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# Preliminary Statement of Complaint

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Witness #2

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

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ADDRESS NUMBER AND STREET

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CITY

STATE

ZIP+4

COUNTY

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HOME PHONE

BUSINESS PHONE

CELL PHONE

EMAIL ADDRESS

( )

( )

( )

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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.*

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Signature

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Date