
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 _____

Preliminary Statement of Complaint

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

() () ()

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

() () ()

Witness #3

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

ADDRESS NUMBER AND STREET

CITY STATE ZIP+4 COUNTY

HOME PHONE BUSINESS PHONE CELL PHONE EMAIL ADDRESS

() () ()

Witness #4

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

Description of Complaint

PERSON AND/OR FIRM FILING COMPLAINT NAME (LAST, FIRST, M.I., SUFFIX)

PERSON AND/OR FIRM YOU ARE FILING A COMPLAINT ABOUT: NAME (LAST, FIRST, M.I., SUFFIX)

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. PLEASE REFRAIN FROM USING ANY PERSONALLY IDENTIFIABLE INFORMATION SUCH AS HOME ADDRESSES, EMAIL ADDRESSES AND TELEPHONE NUMBERS. THE PERSON OR FIRM YOU ARE COMPLAINING ABOUT WILL RECEIVE A COPY OF THIS DOCUMENT.

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