



**405 RXR Plaza  
Uniondale, NY 11556  
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## COMPLAINT FORM

Your Name: \_\_\_\_\_ I.D. (if applicable): \_\_\_\_\_

My Complaint is About: \_\_\_\_\_

### Summary of Your Complaint:

Name/Telephone/Email of Witness(es) if Any:

\_\_\_\_\_

**NOTE: IF YOU HAVE ANY DOCUMENTATION TO SUPPORT YOUR COMPLAINT, PLEASE  
SUBMIT COPIES ALONG WITH THIS FORM. MAIL, EMAIL OR FAX TO INFORMATION ABOVE.**

Date Filed: \_\_\_\_\_ Your Signature: \_\_\_\_\_

**▶▶▶ FOR OFFICIAL USE ONLY! DO NOT WRITE BELOW THE LINE! ◀◀◀**

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Auth. Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Signed: \_\_\_\_\_