



New York State Office of the State Comptroller

Division of Investigations

Thomas P. DiNapoli  
State Comptroller

# Complaint Form

You may fill out this form, print it, and mail to the address below.

Date:

## Your Contact Information - Optional

Name:

Address:

State

Zip Code:

Home Phone:

Cell phone:

Email:

**Please describe the alleged fraud, corruption, mismanagement or waste in as much detail as possible.**

Include such things as: the date the alleged activity first occurred, whether the alleged behavior is still occurring, and whether you notified a supervisor or manager or any other State agency personnel or law enforcement about this allegation. (Additional pages may be attached, if necessary.)

If you have supporting material or documentation relevant to this complaint, please attach it to this form and mail or fax to:

Division of Investigations  
110 State Street  
Albany NY 12236

Phone: 888-672-4555  
Fax: 518-408-3830