



NEW YORK CITY DEPARTMENT OF INVESTIGATION  
ONLINE COMPLAINT FORM

- SEND YOUR COMPLETED FORM TO:

CITY OF NEW YORK  
DEPARTMENT OF INVESTIGATION – COMPLAINT UNIT  
180 MAIDEN LANE, 16<sup>th</sup> Floor  
NEW YORK, NY 10038  
212-825-2504 (Fax)

1. You may make your complaint anonymously; however, to help DOI process your complaint, please consider providing a way for us to contact you if there are follow-up questions.
2. Please type/print clearly in dark ink.

YOUR INFORMATION	
How did you learn about DOI?	<input type="checkbox"/> Advertisement <input type="checkbox"/> Corruption Lecture <input type="checkbox"/> Internet <input type="checkbox"/> Family/Friend
Are you a City Employee?	<input type="checkbox"/> Yes   No
If you are a City Employee, Name of Agency	<input type="text"/>
Title	<input type="text"/>
Do you wish to remain anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	<input type="text"/>
Last Name	<input type="text"/>
Company	<input type="text"/>
Address:	<input type="checkbox"/> Home <input type="checkbox"/> Business
Street Address	<input type="text"/>
Apt. #	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Primary Phone	<input type="text"/>
Secondary Phone	<input type="text"/>
Email Address	<input type="text"/>
What is the best way to contact you?	<input type="checkbox"/> Primary Phone <input type="checkbox"/> Secondary Phone <input type="checkbox"/> Email



<b>Other Party Involved Address</b>		<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Unknown
Street Address	<input type="text"/>	Apt. #	<input type="text"/>	
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>
Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>	
Website	<input type="text"/>			
Email Address	<input type="text"/>			
<b>*If there are any additional witnesses/victims/other companies, please complete the additional information page at the end of this form.</b>				

<b>SUMMARY OF COMPLAINT</b>				
Date of incident: Month	<input type="text"/>	Day	<input type="text"/>	Year <input type="text"/>
Time of Incident?	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
Location of incident:	<input type="checkbox"/> Bronx	<input type="checkbox"/> Brooklyn	<input type="checkbox"/> Manhattan	<input type="checkbox"/> Queens
	<input type="checkbox"/> Other	<input type="text"/>		
Briefly describe your complaint. <b>(This is a required field.)</b>				
<input type="text"/>				

**ADDITIONAL INFORMATION**

**Additional:**

**ROLE #1**  Subject  Witness  Victim  Other Company

First Name  Last Name

Nickname  Date of Birth

Company Name  EIN No.

Is the person a City Employee?  Yes  No

Agency  Title

Company Name  EIN No.

Address  Home  Business  Unknown

Street Address  Apt. #

City  State  Zip Code

Primary Phone  Secondary Phone

Website

Email Address

**Additional:**

**ROLE #2**  Subject  Witness  Victim  Other Company

First Name  Last Name

Nickname  Date of Birth

Company Name  EIN No.

Is the person a City Employee?  Yes  No

Agency  Title

Company Name  EIN No.

Address  Home  Business  Unknown

Street Address  Apt. #

City  State  Zip Code

Primary Phone  Secondary Phone

Website

Email Address