



Department of State
Licensing Services

RETURN COMPLETED FORM TO:
New York State
Department of State
Division of Licensing Services
Complaint Review Office
P.O. Box 22001
Albany, NY 12201-2001
(518) 473-2728
https://dos.ny.gov

Preliminary Statement of Complaint

FOR OFFICE USE ONLY
FILE NUMBER:

IMPORTANT: The Department of State represents the interests of the people of the State of New York, which interests may differ from your own. We cannot provide you with legal advice and cannot seek damages on your behalf. You should consult with a private attorney for advice on these matters. If you believe a licensee has committed a crime, you should contact law enforcement. This document is subject to disclosure under the Freedom of Information Law.

Have you filed a lawsuit regarding this complaint? (please check one) YES NO

If yes, please be advised that the Department may decline to investigate pending matters that are subject of a lawsuit until those issues have been resolved.

Are you licensed by the Department of State? YES NO

What type of license do you have?

PLEASE PRINT OR TYPE

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

EMAIL ADDRESS - THE DIVISION OF LICENSING SERVICES WILL PRIMARILY CONTACT YOU REGARDING THIS COMPLAINT BY EMAIL.

ADDRESS NUMBER AND STREET (PERSONAL OR BUSINESS)

CITY STATE ZIP+4 COUNTY

PRIMARY PHONE BUSINESS PHONE CELL PHONE

( ) ( ) ( )

PERSON AND/OR FIRM YOU ARE COMPLAINING ABOUT:

NAME (LAST, FIRST, M.I., SUFFIX) NICKNAME/BUSINESS NAME

ADDRESS NUMBER AND STREET (PERSONAL OR BUSINESS)

CITY STATE ZIP+4 COUNTY

BUSINESS PHONE CELL PHONE EMAIL ADDRESS

( ) ( )

LICENSE NUMBER, IF KNOWN

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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.*

**Watch, Guard and Patrol Agency (Private/Contract Security Firm)** – *Attach advanced statement of service/contract and proof of payment*

**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** – *Attach any supporting documentation related to your complaint (pictures, invoices, medical documentation, etc).*

*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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# Preliminary Statement of Complaint

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## NAME AND ADDRESS OF WITNESS OR OTHER PEOPLE INVOLVED IN COMPLAINT:

### Witness #1

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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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### 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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### Witness #3

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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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### Witness #4

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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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# 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*