



**Consumer Frauds and Protection Bureau 120
 Broadway, 3rd Floor
 New York, NY 10271
 Phone: (212) 416-8300 Fax: (212) 416-8787
 Para español llame: (212) 416-8342**

**Consumer Hotline
 (800) 771-7755
 TDD (800) 788-9898
<http://www.ag.ny.gov>**

1. Please be sure to complain to the landlord or management company *before* filing a complaint.
2. Please type or print clearly in dark ink. Form may also be filled in online using Adobe Acrobat version 5.0 (or later) and printed out for mailing.
3. Complete the *entire* form. Incomplete or unclear forms will be returned to you.
4. Please attach *photocopies*—no originals—of supporting documents.

Please complete this form only if your attempt to resolve your complaint with the landlord has been unsuccessful. Each tenant should submit a separate complaint form. You may duplicate this form or obtain additional copies from our office.

TENANT INFORMATION			
Name		Home phone	
		Business phone	
Street Address (Current)		Apt. No.	
		Email address	
City/Town	County	State	Zip
Address of Apartment Involved (if different from current address)			
Street Address			Apt. No.
City/Town	County	State	Zip
TO WHOM DO YOU PAY RENT?			
Name		Phone (if known)	
		Email address (if known)	
Street Address (if known)		Website (if known)	
City/Town	County	State	Zip
LANDLORD INFORMATION			
Former or Current Landlord Involved in This Complaint		Phone (if known)	
		Email address (if known)	
Street Address (if known)		Website (if known)	
City/Town	County	State	Zip

MANAGEMENT COMPANY INFORMATION

Name of Management Company (if known, or different from landlord)		Phone (if known)	
Street Address (if known)		Email address (if known)	
City/Town	County	State	Zip

ADDITIONAL INFORMATION

(a) Approximate number of apartments in building:	(b) Date you moved into the apartment:	(c) Date you moved out of the apartment (if applicable):
(d) Your apartment is Rent Controlled Rent Stabilized	(e) Your building is A condo A Cooperative	(f) Most recent monthly rent:
(g) Date you complained to the landlord:	(h) Name of Person Contacted	(i) By: Phone Letter In-person Other
(j) Does your building have an active tenants' association? Yes No	(k) Have you requested a rent history for your apartment from the New York State Division of Housing and Community Renewal Office of Rent Administration? Yes No	
(l) Do you receive a public subsidy (example: Section 8 or Senior Citizen Rent Increase Exemption (SCRIE))? Yes No	(m) Are you the legal tenant? Yes No	
(n) If you reside in New York City, have you complained to the New York City Department of Housing Preservation and Development (HPD)? Yes No		
(o) If the building has changed landlords during your residence, please list them in order, starting with first. Use your recollection or your own records (such as rent checks or receipts) to prepare the list. Feel free to add a page if more space is needed.		
Landlord's Name, Address & Telephone Number	Period of Ownership (From – To)	Managing Agent's Name, Address & Telephone Number
(p) Have you experienced any of the following? (Check as many as apply) My landlord/management company has:		
Offered me money to move out of my apartment		
Engaged in what I believe to be disruptive and dangerous construction practices		
Taken me to housing court for what I believe are baseless charges		
Used what I believe are aggressive tactics to gather information about me (shown up at my door, followed me, gone through my mail, etc.)		

(q) Your experience may not fit any of the descriptions above. In either case, please use the space below to describe your complaint in more detail. Feel free to add a page if more space is needed.

Empty space for describing the complaint.

(r) Were you referred? Yes No If yes, by whom?

(s) Are you working with an attorney or organization?

Yes No

If yes, what is the name of the attorney or organization you are working with?

PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW

Please attach to this form photocopies of documents relevant to your complaint. DO NOT SEND ORIGINALS. Due to the volume of complaints we receive, any final resolution of this matter may take some time and your patience is greatly appreciated. In order to protect your privacy, we suggest you remove all confidential information from the complaint and documents you submit to us, such as your Social Security number, financial account numbers, and any medical information.

In filing this complaint, I understand that:

- The Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. My filing this complaint does not mean that the Attorney General has initiated a lawsuit or proceeding on my behalf or that it will do so.
- The Attorney General cannot give me legal advice or represent me in court. If I have any questions concerning my legal rights or responsibilities, I should contact a private attorney.
- The Attorney General works with other state, local and federal government agencies to investigate complaints and coordinate law enforcement and may also share my complaint with them. In addition, the Attorney General may use information from my complaint in legal proceedings to establish violations of law.

The above complaint is true and accurate to the best of my knowledge. I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature	Date
-----------	------

Return completed form and documents to:

**Office of the Attorney General
Consumer Frauds and Protection Bureau
120 Broadway, 3rd Floor
New York, NY 10271
(212) 416-8300 / 8341
Fax: (212) 416-8787**