



MICHAEL J. FLAHERTY, JR.
ERIE COUNTY DISTRICT ATTORNEY
PUBLIC INTEGRITY UNIT

25 Delaware Avenue
Buffalo, New York 14202
Fax Number (716) 858-7425

COMPLAINT FORM

PLEASE TYPE OR PRINT CLEARLY IN DARK INK. COMPLETE THE ENTIRE FORM AND SIGN.
RETURN/SEND FORM TO THE PUBLIC INTEGRITY UNIT

YOUR CONTACT INFORMATION

Your name: _____ Home Phone: _____
Street Address: _____ Business Phone: _____
City/Town: _____ State: _____ Zip: _____ County: _____

YOUR COMPLAINT

Public Agency/Individual you are complaining about _____
Street Address (if known): _____
City/Town: _____ State: _____ Zip: _____ County: _____
Has this matter been submitted to another agency [] Yes [] No
If so, which agency? _____
Is there any legal action pending? [] Yes [] No
If so, where and what? _____

PLEASE BRIEFLY DESCRIBE YOUR COMPLAINT BELOW

(use back of form or attach additional documentation if necessary)

READ THE FOLLOWING BEFORE SIGNING BELOW:

I 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 to: **OFFICE OF THE ERIE COUNTY DISTRICT ATTORNEY**
PUBLIC INTEGRITY UNIT
25 Delaware Avenue, Buffalo, New York 14202
Fax Number (716) 858-2520

Received by _____ Date _____

<http://www2.erie.gov/da/picomplaint.pdf>