

# County of Suffolk



## OFFICE OF THE COMPTROLLER

John M. Kennedy, Jr.  
County Comptroller

## COMPLAINT FORM

Date: \_\_\_\_\_

### Your Contact Information (Optional):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Business 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, manager or any other Federal, State, or County agency personnel or law enforcement about this allegation.) (Additional pages may be attached, if necessary.)

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

Suffolk County Comptroller's Office  
Investigations & Special Projects Unit  
H. Lee Dennison Building  
100 Veterans Memorial Highway  
PO Box 6100  
Hauppauge, NY 11788-0099

**Phone:** (631) 853-5018

**Fax:** (631) 853-5964