

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