



**Office of the Nassau County
Commissioner of Investigations**

Ralph G. Caso Executive and Legislative Building
1 West Street - Room 320
Mineola, New York 11501

COMPLAINT FORM

Instructions:

1. Please type or print clearly in ink.
2. Please include copies of any documents you may have concerning this complaint.
3. Mail or bring this form to the Department of Investigations at the address shown above.

YOUR INFORMATION

(This is optional)

First name _____ Initial ____ Last name _____

Address _____ County employee? No Yes

Town _____ Dept. _____

Home phone _____ Business phone _____

May we call you? Yes No Best time to call? _____

THE SUBJECT OF YOUR COMPLAINT

(Required)

Name of person or company/business _____

Address _____

Town _____ Department _____

Home phone _____ Business phone _____

