

Anthony A. Scarpino, Jr.  
District Attorney  
Westchester County



Westchester County District Attorney  
Complaints – Fourth Floor  
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White Plains, NY 10601

## COMPLAINT FORM

[www.westchesterda.net/community-outreach/complaint-form](http://www.westchesterda.net/community-outreach/complaint-form)

To submit a complaint, please complete and return this form. Clearly and legibly type or hand write your complaint using printed text and dark ink. Also enclose **COPIES** of all supporting materials, including documents and photographs, relevant to your complaint. **DO NOT INCLUDE ANY ORIGINAL DOCUMENTS.** The **COPIES** you provide will not be returned. This form and all supporting materials must be hand-delivered or mailed to this Office at the above address (No fax or e-mail submissions).

### YOUR INFORMATION:

YOUR NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN/VILLAGE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

### SUBJECT INFORMATION: (Person or business you are complaining about)

NAME/BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/TOWN/VILLAGE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

## **DO NOT WRITE BELOW THIS LINE**

Complaint Number:	Complaint Category:
Date Opened:	Opened by:
Date Closed:	Closed by:
Restitution: Yes _____ \$ _____ No _____	Investigation Case Number:

Please state your complaint clearly and concisely. Provide a factual summary of events. Where appropriate include relevant dates, times and locations as well as the name, address and phone number of any witnesses who may have additional information related to your complaint. (Please use additional paper if necessary.)

Signature: Stephen R. Ravel Date: November 25, 2019