



Civilian Crime Report

The U.S. Attorney's Office represents the Government in legal proceedings and works closely with investigative agencies including the FBI. The Criminal Division of the United States Attorney's Office is charged with enforcing the federal criminal laws within the Eastern District of New York, which encompasses three of the boroughs of New York City (Brooklyn, Queens and Staten Island), and both suburban counties on Long Island (Nassau and Suffolk County).

Person Completing This Report:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Person/Entity Being Complained About:

Name

Address

Address (Line 2)

City, State

Zip

County

Phone

Although the volume of information we receive from concerned members of the public prevents us from responding individually to every Report, be assured that we will carefully consider the information you have provided us to determine whether there is a matter for this Office to investigate. If we determine that your Report raises a matter within the jurisdiction of this Office to investigate and that further information from you is necessary for our investigation, you will be contacted. This Office does not resolve individual consumer complaints.

NATURE OF ALLEGED CRIMINAL VIOLATION(S):

- Healthcare/Medicare Fraud
- Tax Fraud
- Terrorism/National Security
- Internet Fraud
- Public Corruption/Fraud/Waste
- Organized Crime
- Corporate Fraud
- Drugs
- Computer Crimes/Hacking
- Environmental Crime
- Human Trafficking (for sex or forced labor)
- Child Pornography/Exploitation
- Mortgage/Bank/Credit Card/ATM Fraud & Identity Theft
- Securities Fraud
- Other (please explain) _____

Does this Report Pertain to an Ongoing Case? Yes No Not Sure

If Yes, Please Provide the Following Case Information: _____

Case Title and Docket Number (if known): _____

Please clearly describe the violation of federal criminal laws that you would like to bring to our attention. Include as much information as possible, including the dates, places and nature of incident, and contact information for any witnesses (do not send original documents):

Are You a Victim of this Alleged Crime?
___Yes ___No ___Not Sure

Are You Aware of Any Other Victim(s)?
___Yes ___No ___Not Sure

If Yes, Please List Other Victim(s): _____

Are You Represented by an Attorney in this Matter? ___Yes ___No

If Yes, Please Provide Attorney Contact Info:

Name: _____ Phone: _____

Address: _____

Have You Filed a Lawsuit Concerning this Matter? ___Yes ___No

If Yes, Please Provide the Following Case Information:

Case Title and Docket Number: _____

Name and Address of Court: _____

Status of Court Case (pending, dismissed, settled): _____

Have You Previously Filed a Report about this Matter with this Office or Any Other Federal, State or Local Agency(s)?
___Yes ___No If Yes, Date Filed: _____

Contact Person: _____ Agency: _____

Status of Previous Report: _____

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that all of the foregoing information is true, correct and complete to the best of my knowledge, information and belief.

Signature: _____ Executed on this Date: _____

IMPORTANT NOTE REGARDING THE PRESERVATION OF YOUR LEGAL RIGHTS:

Submitting a Report to this Office has no effect on any statute of limitation that might apply to any claim you may have. By submitting a Report to this Office you have not commenced a lawsuit or other legal proceeding, and this Office has not initiated an investigation or lawsuit regarding the subject of your Report. If you believe that your rights have been violated and you seek to sue for money or other relief, you should contact a private attorney.

Mail this completed report to:

United States Attorney's Office
Eastern District of New York
Attn: Criminal Intake Unit
271 Cadman Plaza East
Brooklyn, NY 11201