

OSI Complaint Form

To file a complaint with the Office of Special Investigations (OSI), please complete the below form. We will be unable to process incomplete entries.

The below form is for complaints to OSI. (New York State Freedom of Information Law [FOIL] requests must be submitted using our New York State Freedom of Information Law Request form. General inquires must be submitted using our Contact Us form.)

YOUR INFORMATION: *Fields marked with an asterisk (*) are required unless Yes (Y) is selected in the anonymous menu.*

*Your First Name:

*Your Last Name:

*Street Address:

*City:

*State:

*Zip Code:

*Email Address:

*Phone Number:

Request Confidentiality:

Anonymous Complaints:

Please see the "Disclaimer" below for information about confidentiality and the limitations of anonymous complaints.

WHAT HAPPENED: *A description of the incident is required.*

LOCATION OF THE INCIDENT: *Required.*

Correctional Facility:

Community Supervision Area Office: Other Location or Description of Specific Location:

DATE & TIME OF INCIDENT: *An approximate date and time is acceptable.*

WHO WAS PRESENT DURING THE INCIDENT: *Identifying all persons present is helpful.*

Victim's Information:

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

If More than three (3) victims please check box

Perpetrator's Information:

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

If More than three (3) perpetrators please check box

Witness(es) Information:

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

First Name:

Last Name:

If an inmate/parolee, include Department ID Number (Format 99A9999):

If a DOCCS' employee, please include title:

If other please provide detail of who it is.

If More than three (3) witnesses please check box

Names Others Involved Not Listed Above: *If you know the identity any other person not identified above who was involved in the incident or has information regarding the incident, please provide his/her name and any contact information (e.g., phone number) in the box below.*

DISCLAIMER:

Those filing a complaint with the Office of Special Investigations are strongly encouraged to identify him- or herself in the event that additional questions arise. OSI has a strict policy to maintain confidentiality within the bounds of the law of any complainant who requests confidentiality. A confidential complainant's identity will not be disclosed unless the complainant consents to the disclosure or OSI is required by law or court order to disclose the complainant's identity. In addition, "whistle-blower" protection pursuant to New York State law may apply to a State employee who reports misconduct.

If you use the On-line Compliant Form or sent an email to OSI, please review our [Privacy Policy](#).