

NEW YORK STATE Conservation

Complaint Form Regarding DEC Employee(s)

Employee(s) who are involved in the complaint:

Allegation(s):

Date(s) of alleged behavior: Time(s) of alleged behavior: Location(s) of alleged behavior:

Additional information that would be helpful for an investigation:

I have additional documentation in my possession.

Witnesses to the alleged misconduct:

Name:

Home Phone:

Cell Phone:

Email:

Name:

Home Phone:

Cell Phone:

Email:

Please note: Providing the following information is optional.

Your contact Information:		
Name:		
Home Phone:		
Cell Phone:		
Email:		
Mailing Address:		
Preferred method of contact:		
Home Phone	Cell Phone	Email
Preferred time to contact:		

***Save this form to your computer. Email the form, along with any supporting documents and/or images, to:

internal.investigations@dec.ny.gov

If you have any questions, please contact us:

DEC Office of Internal Investigations 625 Broadway, 10th Floor Albany, NY 12233-1060 F: 518-473-1575 P: 518-402-9147