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Complaint Submission Form

Please use this form to submit a complaint or concern regarding the adequacy of a New York State public authority's procedures or activities concerning public accountability and disclosure, as well as instances which appear to indicate the public authority is not in compliance with its enabling statute or provisions of public authorities law.

RETURN COMPLETED FORM TO THE ABO VIA EMAIL

Email: info@abo.ny.gov

I. NAME OF PUBLIC AUTHORITY:

II. DESCRIPTION OF COMPLAINT (ANY COMPLAINT MUST BE CREDIBLE AND SPECIFIC AS TO THE ALLEGED ACT OF WRONGDOING):

III. HAVE YOU SUBMITTED THIS COMPLAINT TO ANY OTHER AGENCY OR LAW ENFORCEMENT AUTHORITY?

YES

NO

IV. IF YES, PLEASE LIST THE NAME OF THE AGENCY:

V. BY PROVIDING US WITH YOUR CONTACT INFORMATION, WE WILL BE BETTER ABLE TO PROPERLY HANDLE YOUR MATTER. IF YOU CHOOSE NOT TO PROVIDE THIS INFORMATION, IT MAY LIMIT OUR ABILITY TO ACT UPON YOUR COMPLAINT. IF YOU REQUEST CONFIDENTIALITY, WE WILL MAKE EVERY EFFORT TO KEEP YOUR IDENTITY CONFIDENTIAL CONSISTENT WITH APPLICABLE NEW YORK STATE AND FEDERAL LAWS, RULES AND REGULATIONS.

NAME:

EMAIL ADDRESS:

TELEPHONE NUMBER: