



Division of Criminal Justice Services

Customer Complaint Form

The Customer Complaint Form is for the purpose of utilizing all feedback to better serve our customers. In the space below, please provide the specifics of your complaint(s) or concern(s). All information provided will be kept confidential and all complaints will be addressed. When completed, please use the submit button or send back completed form to: Latent.Print@dcjs.ny.gov or fax to the latent print unit at (518)457-3339.

Agency: _____ **Agency Case No:** _____

DCJS Case No: _____

Today's Date: _____

Name and Title: _____