Customer Complaint Form

The Customer Complaint Form is for the purpose of improving our operation in all areas where the customers have any concerns about the quality of our operation. 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 addressed. When completed, please use the submit button or send the completed form to: Latent.Print@dcjs.ny.gov or fax to the latent print laboratory at (518)457-3339.

Agency: __________________________   Agency Case No: ________________

DCJS Case No: ____________________

Today's Date: _____________________

Name and Title: ____________________________