

New York State Unified Court System Office of the Inspector General

FIDUCIARY APPOINTMENT COMPLAINT FORM

Please complete this form to file a complaint regarding a fiduciary appointment. Following the receipt of your complaint, you will be contacted by a member of our staff responsible for investigating your complaint.

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ E-mail: _____

Information about the Court Appointed Fiduciary that you are complaining about:

Name: _____ Profession: _____
Type of Appointment: _____ Fiduciary ID No.: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone No.: _____

Information about the court matter(s) regarding this fiduciary:

Matter name(caption): _____
Court: _____ County: _____ Index No.: _____

Please provide information about your complaint:

I authorize the New York State Unified Court System's Office of the Inspector General to use my name in investigating this claim.

Signature: _____ **Date:** _____

Please attach any additional information you may have about the claim and mail or fax this form or a copy to :

**Managing Inspector General for Fiduciary
Appointments
Office of Court Administration
25 Beaver Street
New York, NY 10004
Phone: 646-386-3514 or Fax: 212-514-7158**