

# 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: 646-386-3515 or Fax: 212-514-7158**