



**DCJS Latent Print Laboratory  
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](mailto: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:** \_\_\_\_\_

**Comments:**