



**Roosevelt Island
Operating Corporation**
of the State of New York
591 Main Street
Roosevelt Island, NY 10044
(212) 832-4540
www.rioc.ny.gov

REQUEST FOR ACCESS OF INCIDENT / COMPLAINT REPORT

DATE OF REQUEST _____

REQUESTER'S NAME: _____

STREET ADDRESS: _____ APT.#: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBERS: (Home) _____ (Business) _____

E-MAIL: _____

Dear Records Access Officer:

I hereby request _____ copy (or copies) of Incident/Complaint Report
_____. The DATE of the Incident/Complaint is _____. The NAME
of the complainant/aided is _____. My relationship to the
complainant/aided is (choose one): _____

OTHER (Explain): _____

The Incident/Complaint concerned (*brief description*):

I agree to pay a charge of twenty-five cents (\$0.25) per page when copies
are picked up.

Very truly yours,

Signature (Type-in your name) _____