



DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)
LICENSING CENTER
42 Broadway
New York, NY 10004

Dial 311 (212-NEW-YORK)
nyc.gov/dcwp

PROCESS SERVER COMPLAINT FORM FOR LEGAL ADVOCATES

Thank you for taking the time to provide us with information about a process server or process serving agency. Please type your answers to each question. Please e-mail this completed form and copies of related documents (e.g., affidavits of service, default judgments, court pleadings or decisions) to DCWP at Consumers@dcwp.nyc.gov or file online at nyc.gov/dcwp.

Who is the Complaint Against?

Is the complaint against a Process Server Individual (PSI) or Process Serving Agency (PSA)? _____
PSI/PSA Name: _____ License #: _____
Address: _____
Phone: _____ E-mail: _____

Tell Us about Your Complaint

*Date of alleged service: _____
*Is this matter pending in court? Yes No
If Yes, what court? _____
*If a case was filed, please provide Case Title and Index Number: _____
*Was a default judgment entered against your client? Yes No
*Was a traverse hearing scheduled? Yes No
If Yes, what is the date of the hearing? _____ Result: _____
*Briefly describe your complaint. Use additional pages as needed.

Your Information

Name and Organization: _____
Phone: _____ E-mail: _____

Information about Your Client

Name: _____
Address: _____
Phone: _____ E-mail: _____

May DCWP contact your client by phone or e-mail? Yes No