OKLAHOMA ATTORNEY GENERAL
CHARITABLE ORGANIZATION COMPLAINT FORM

Complaint#___________________

YOUR NAME:__________________________________________________________________________________________

ADDRESS:______________________________________CITY:_________________STATE:_____  ZIP CODE:__________

HOME PHONE:__________________ALTERNATE PHONE:____________________EMAIL:_________________________

NAME OF THE CHARITABLE ORGANIZATION OR FUND-RAISING CAMPAIGN ASSOCIATED WITH THE
SOLICITATION:

____________________________________________________________________________________________________

ADDRESS:

____________________________________________________________________________________________________

NAME AND/OR TITLE OF THE PERSON CALLING OR WRITING TO YOU:___________________________________

THE PURPOSE(S) FOR WHICH YOUR DONATION/CONTRIBUTION WAS TO BE USED:

____________________________________________________________________________________________________

HOW WERE YOU CONTACTED?      PHONE:_____     MAIL:_____     IN PERSON:_____     OTHER:_____ 

IF OTHER, PLEASE DESCRIBE:

____________________________________________________________________________________________________

DATE(S) OF CONTACT(S):______________________________________________________________________________

DID YOU AGREE TO PLEDGE TO MAKE A DONATION/CONTRIBUTION:     YES:_____     NO:_____

IF YES, HOW MUCH?___________________________________________________________________________________

IF YOU HAVE ALREADY MADE A DONATION/CONTRIBUTION, HOW DID YOU MAKE YOUR DONATION/
CONTRIBUTION (CASH, CHECK, MONEY ORDER, CREDIT CARD, ETC? 

____________________________________________________________________________________________________

WHEN DID YOU MAKE YOU DONATION/CONTRIBUTION?

DID YOU RECEIVE ANY WRITTEN SOLICITATION MATERIALS, RECEIPTS, PLEDGE REMINDERS, DECALS,
MEMBERSHIP CARDS, ETC?

YES_____     NO:_____    (IF YES, PLEASE PROVIDE COPIES OF ANY SUCH MATERIALS.)

PLEASE NOTE: Have charitable funds or other assets been lost, wasted or diverted from proper charitable purpose? Or, is there
a danger that such loss will soon occur? Explain, giving your estimate of amount lost or at risk, if you know. Please provide this
information on the reverse side.

(PLEASE COMPLETE THE REVERSE SIDE OF THE COMPLAINT FORM)

FOR OFFICE USE ONLY

CODE:______________ SEND:_____________________________ COMMENT(S):_____________________________________
Please explain your complaint. You may use additional sheets if necessary. Please write or type clearly. Try to be sure to tell \textbf{WHAT} happened, \textbf{WHEN} it happened, and \textbf{WHERE} it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach \textbf{COPIES} of all solicitations, letters, receipts, canceled checks (front & back), advertisements or any other papers that relate to your complaint, and keep the originals.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

\textbf{The Attorney General cannot act as your private attorney.} As a law enforcement agency, the primary function of the Attorney General is to represent the public at large. General information about the registration or financial status of a charitable organization doing business in Oklahoma can be obtained by contacting the Office of the Secretary of State at 405-521-2912.

I certify that the information is true and correct to the best of my knowledge, information and belief.

\underline{YOUR SIGNATURE} \hspace{1cm} \underline{DATE}

Please mail the completed complaint form (with documents) to:

\textbf{Office of Attorney General}
\textbf{Consumer Protection Unit}
\textbf{313 NE 21st Street}
\textbf{Oklahoma City, OK 73105}

\textbf{March 2017}