



# MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Charitable Law Section  
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Columbus, Ohio 43215-3130  
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## Charitable Organization Complaint Form

The Charitable Law Section will contact you if additional information is needed. The investigation of a charitable trust in Ohio is not a matter of public record, pursuant to §109.28 Ohio Revised Code. Therefore, it may not be possible to share investigative information with you. This complaint form, and any attached documents submitted with this form, may be considered public records under Ohio Law and subject to disclosure. If you are concerned about your identity being revealed, you may call our office and ask to speak with an investigator or the duty attorney to begin a confidential investigation and protect your anonymity. If you submit this form anonymously, please follow up with a telephone call to an investigator or the duty attorney, to allow us to obtain any additional information needed for the investigation.

### Complainant Information

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Organization Information

Your Complaint is Against: \_\_\_\_\_  
(Please specify the name of Charitable Organization)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

*Please describe in the narrative section the nature of your complaint in as much detail as possible. If your complaint concerns a solicitation for a donation, provide as much specific information as you can by answering the following questions.*

### Professional Solicitor Information (if applicable)

Company: \_\_\_\_\_  
(Please specify name of Professional Solicitor if known).

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_

What type of solicitation did you receive?

Phone

Mail

Door-to-Door

Other \_\_\_\_\_

If Other, Please Describe: \_\_\_\_\_

Date(s) of contact(s): \_\_\_\_\_

Did you agree or pledge to make a donation/contribution? \_\_\_\_\_ How much? \_\_\_\_\_

Donation/contribution (cash, check, money order, credit card, etc.)? \_\_\_\_\_

When did you make your donation/contribution? \_\_\_\_\_

Did you receive any written solicitation materials, receipts, pledge reminders, etc.? \_\_\_\_\_

### Nature of Complaint

Please explain your complaint. You may use additional sheets if necessary. Please write or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHO** was involved, **WHEN** and **WHERE** it happened. Be specific about any oral statements that were made to you. Describe events in the order in which they happened. Attach **COPIES** of any relevant written materials in support of this complaint. **Scroll to page 3 to add additional comments.**

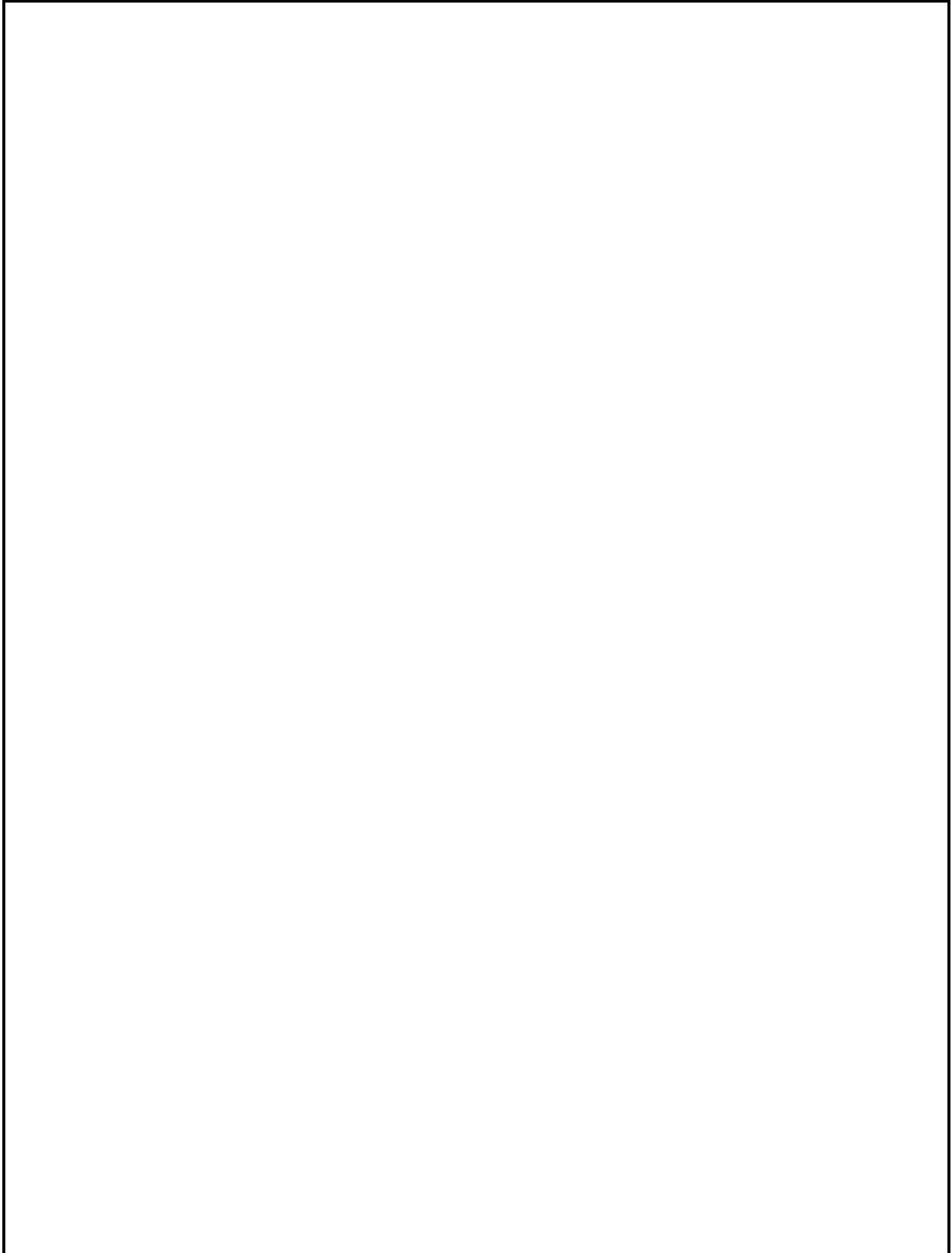
Date of Occurrence: \_\_\_\_\_

The information contained in this complaint is true and accurate to the best of my knowledge, information, and belief.

Today's Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

<b>Office Use Only</b>	Staff: _____	Complaint Number: _____
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**Additional Comments:**

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box occupies most of the page below the 'Additional Comments:' label.