

E. SCOTT PRUITT
OKLAHOMA ATTORNEY GENERAL



CHARITABLE ORGANIZATION COMPLAINT FORM

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|-------------------|
| Complaint # _____ |
|-------------------|

YOUR NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

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 OR 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 YOUR 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 purposes? 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 COMPLAINT FORM)

FOR OFFICE USE ONLY

Code: _____ Send: _____ Comment(s): _____

