

**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): \_\_\_\_\_

