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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: _____

Office Use Only	**Staff:**	**Complaint Number:**

Additional Comments: