

**North Carolina Department of the Secretary of State
Charitable Solicitation Licensing Section**

Complaint Form

Please type or print clearly

COMPLAINANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Home () _____ Business () _____

Email: _____

***Note: Public Information. Do not complete if you prefer to be anonymous.**

COMPLAINT INFORMATION AND/OR ORGANIZATION/INDIVIDUAL

***Please provide all available information.**

Name _____

Address _____

City _____

State (or Canadian Province) _____ Zip (or Postal Code) _____

Phone Number () _____ Fax Number () _____

Email _____ Website _____

Contact Person or Representative _____

TELL US ABOUT YOUR COMPLAINT

Please be as specific as possible.

Date of Occurrence _____

(Attach additional sheets if necessary.)

