

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

**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 \_\_\_\_\_

**Attach a copy (not originals) of all documents in your possession that relate to your complaint.  
Documents provided to this office may become public record. Possible documents include:**

▪ Printed solicitations	▪ Flyers/Placards	▪ Acknowledgements
▪ Brochures	▪ Invoices	▪ Cancelled Checks
▪ Newspaper Advertisements	▪ Your Notes	▪ Cancelled Money Orders
▪ Letters from the company (including envelopes)	▪ Receipts	▪ Credit Card Statements

**TELL US ABOUT YOUR COMPLAINT**

Please be as specific as possible.

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

The information I have provided is true and accurate to the best of my knowledge.

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*Note: Signature may contain public Information. Do not sign if you prefer to be anonymous.**

**\*\*For anonymous complaints: CSL uses complainant information to contact you if we need further evidence or information. If you choose not to include your name or contact information and more information is needed, CSL may not be able to perform an in-depth investigation of your complaint.**