



Nonprofit/Charity Complaint Form

MAIL TO:
Minnesota Attorney General's Office
445 Minnesota Street, Suite 1400
St. Paul, MN 55101

Your Information	Nonprofit/Charity Information
Name (Please Print)	Name of Nonprofit / Charitable Organization
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Phone Number	Phone Number
Affiliation (if any) with nonprofit/charity (e.g., board member, employee)	Contact Person's Name and Title
Email	Email

By signing and dating this form, you are acknowledging and consenting to the following terms: (1) the information you provide will be used by the Minnesota Attorney General's Office ("AGO") to resolve the problem, to communicate with you, and/or to enforce applicable laws; (2) you are not legally required to provide any information, but failure to do so may hinder the Office's efforts to resolve your problem; (3) the information you provide will be accessible to AGO staff whose work assignments reasonably require access, to the state or legislative auditors, to other entities authorized by state or federal law, or pursuant to court order; (4) you consent to the sharing of data with other consumer assistance agencies and/or the party complained against.

1. Have you contacted another agency? Yes No
If yes, give name of agency: _____

2. Have you filed a lawsuit? Yes No
Result: _____

3. What is the nature of your concern?

5. Complete this question if your complaint is about a charitable solicitation.

Date of Solicitation: _____

Method of Solicitation (e.g., telephone, mail, door-to-door): _____

Name of Organization and Person Making the Solicitation:

Phone Number of Person Soliciting (if known): _____

Describe Complaint about Solicitation (attach additional pages if necessary):

6. Complete this question if your complaint is about charitable asset management or governance issues.

Please describe in detail the actions by the board of directors or management of this organization that you believe violate the organization's mission and charitable purpose, articles and by-laws or show a misuse of charitable assets. Please include names of witnesses (and contact information) and relevant dates. Attach additional pages if needed.

The information I have given you is true and accurate to the best of my knowledge and may be used as stated on this form.

Signature

Date

Please submit copies of any relevant documents with your complaint.