



Kansas Insurance Department

Vicki Schmidt, Commissioner of Insurance

Office of the Securities Commissioner

SECURITIES COMPLAINT FORM

The purpose of the form is to provide the information needed to start a preliminary investigation of a complaint. It is important to provide as much detailed information as possible.

1. YOUR INFORMATION

Mr. Mrs. Miss Ms. D.O.B. ____/____/____

Name _____

Home Address _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Phone _____

Occupation _____ E-Mail/Web Site _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Title _____

E-Mail Address _____ Name _____

Fax Number _____ Title _____

2. WHO IS YOUR COMPLAINT AGAINST?

Business Name _____

Individuals You Dealt With:

Name _____

Title _____

Name _____

Title _____

3. TRANSACTION INFORMATION

Date of Transaction/Purchase: ____/____/____ Product Involved: _____

What was the transaction for? Myself My Business My Corporation My Family/Household

Amount Paid: \$ _____ Paid By: Cash Check Credit Card Loan Direct Deposit

What was the date of the payment? _____

Who received the payment from you? _____

How many units or shares did you purchase? _____

Did you sign a contract? Yes No Did you have a verbal agreement? Yes No

Where did the transaction take place? (Check one)

Over the Phone At Home At the Company By Mail Other _____

Had you any prior business relationship with either the company or the salesperson who contacted you?

Yes No If yes, please explain: _____

What was the first contact between you and the company? (Check one)

- Person came to my home I telephoned the company I responded to a radio/TV ad/ mailing
 I responded to an email I received a phone call from the company I responded to an internet ad
 Other (Please explain) _____

4. PLEASE PROVIDE ADDITIONAL DETAILS REGARDING YOUR COMPLAINT ON A SEPARATE PAGE.

5. ACTIONS YOU HAVE TAKEN

Do you know of any other persons who invested with the company, corporation or association? If so, please provide their name, address and telephone number: _____

Have you notified or filed a complaint with any other agency? If yes, please describe: _____

Have you complained to the subject or seller? Yes No

If yes, what offer of adjustment or explanation was made? _____

Who made the offer of adjustment? _____

What would you consider to be a satisfactory solution? _____

6. DOCUMENTATION OF COMPLAINT

Please provide copies of all documents relevant to this complaint, including advertising material, contracts, receipts, letters, checks (front and back), statements, etc. FAILURE TO PROVIDE ALL RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR COMPLAINT.

Signature

Date

Please return this complaint form and all attachments to:

**Director of Enforcement
Office of the Kansas Securities Commissioner
109 SW 9th Street, Ste. 600
Topeka, KS 66612**