



OFFICE OF THE ATTORNEY GENERAL

Raúl R. Labrador

Consumer Protection Division

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For Office Use Only

CHARITABLE ORGANIZATION COMPLAINT FORM

For your convenience, you can fill out this form on your computer. However, to file your complaint, you must print, sign, and send this form to the Attorney General's Office. We recommend that you print two copies of the form, sending one signed copy to us with supporting documentation and keeping the other copy with the supporting documentation for your own files. **Please do not attempt to e-mail this form. We will not receive it.** Please print completed form and mail it to the address listed above.

ALL FIELDS BELOW ARE REQUIRED FOR PROCESSING

INFORMATION ABOUT YOU

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Email Address: _____

INFORMATION ABOUT THE CHARITABLE ORGANIZATION OR SOLICITOR

Charitable Organization's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: _____ Website: _____

INFORMATION ABOUT YOUR COMPLAINT

Is this organization recognized as a 501(c)(3)? Yes No

What is your relationship to the charitable organization?

Beneficiary

Consumer (patient, student)

Director

Donor

Employee

Media

Member

Officer

Trustee

Other: _____

Were charitable funds lost, wasted, or diverted from their proper charitable purposes? Yes No

If you lost money, please identify the approximate amount of the loss: _____

Did you donate money to the charity after receiving a telephone call, written solicitation, or personal visit from the charity or a third-party fundraiser? Yes No

Please identify the amount you donated: _____

Did you contact the charitable organization directly about your concerns? Yes No

If yes, did you receive a response from the charitable organization? Yes No

If yes, on what date did you receive a response? _____

Did the charitable organization respond in writing? Yes No

Please include a copy of the written response from the charitable organization along with this complaint.

Did you report the charity's actions to another law enforcement agency? Yes No

If yes, please identify the name of the other law enforcement agency: _____

In as much detail as possible, explain the reasons for your complaint. Please provide dates, names, and a description of what happened. If you include/upload documents, please reference them in your description and explain why they are important. Do not disclose private information, including credit card numbers, birthdates, or medical records.

A deputy attorney general will review your complaint and may contact you if the office needs additional information or documentation. We will notify you in writing as to what action we take on your complaint.

Please include copies of any additional information or documentation you would like to include in your complaint.

PUBLIC RECORDS ACT AND DOCUMENT NOTICE

Please note that your Complaint Form and all documents you submit are available to the public and media if a request is made under Idaho's Public Records Act. We also share our complaints with other law enforcement agencies. To protect your privacy, please remove all personal and confidential information, such as Social Security numbers, bank account and credit card numbers, and medical information from any documents you send to our office in support of your Complaint Form. Finally, if you choose to mail documentation directly to our office, please send only copies of your documents. Do not include any original documents.

ACKNOWLEDGEMENTS

I understand that the Attorney General is not my private attorney and that the office advocates on behalf of the state of Idaho by enforcing laws prohibiting fraudulent or deceptive business practices. **I certify that the information provided on this form is true and correct to the best of my knowledge.**

Your Signature (Required)

Date (Required)