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**COMPLAINT TO THE CALIFORNIA ATTORNEY GENERAL
REGARDING A CHARITY OR CHARITABLE SOLICITATION**

Name of organization: _____

List any other names the organization uses: _____

Address of organization: _____

City, State, ZIP: _____

Organization Telephone Number: _____ Organization Web address: _____

Other identifying information for the corporation, if known:

Corporate # _____ State Charity Registration # _____ FEIN: _____

Briefly summarize the main points of your complaint here:

(Attach additional pages for the details of your complaint, if necessary)

Have charitable funds or other assets been lost, wasted or diverted from proper charitable purposes? Or, is there a danger that such loss will soon occur? Please explain, giving your best estimate of the amount lost or at risk, if you know:

What action has already been taken, either within the organization or with other law enforcement agencies, to try to resolve this problem:

List the names, addresses and telephone numbers, if known, of all persons you believe may be responsible for this problem:

List the name, address and telephone number of any other persons who may have additional information concerning the complaint:

Your name, address and telephone number: _____

_____ Date: _____

Check here if you request that your identity be kept confidential.

Check here if you authorize us to release your complaint, including your name and contact information, to law enforcement or other government agencies, as applicable.

Mail the completed form and any attachments to: Registry of Charitable Trusts, Office of the Attorney General, P.O. Box 903447, Sacramento, CA 94203-4470.