



Minnesota Attorney General's Office

Nonprofit/Charity Complaint

Charities Division, Suite 1200
445 Minnesota Street, St. Paul, MN 55101

Voice: (651) 296-3353
TTY: (651) 297-7206

Toll-free: (800) 657-3787
Toll-free TTY: (800) 366-4812

Name (Please Print)
Address
City, State, Zip
Day Phone (Include Area Code) Evening Phone
Affiliation (if any) with nonprofit/charity (e.g., board member, employee)

Name of nonprofit Organization/ Charitable Organization
Address
City, State, Zip
Phone Number (Include Area Code)
Person Contact Title

The information you provide may be used in the efforts to resolve the problem, to communicate with you, and/or to enforce applicable laws. The information may be shared with the party complained against, law enforcement agencies and consumer assistance agencies. You are not legally required to provide this information, but failure to do so may hinder efforts to resolve your problem.

Have you contacted another agency? Yes No
If yes, give name of agency:
Have you filed a lawsuit? Yes No
Result:

What is the nature of your concern?

COMPLETE THE SHADED AREA 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 Telephone # of person soliciting (if known)
Describe complaint about solicitation (attach additional pages if necessary)

COMPLETE THIS AREA IF YOUR COMPLAINT IS ABOUT CHARTIABLE 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 of needed.

[Blank lines for describing the complaint]

Please submit copies of any relevant documents with your complaint.

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

Lori Swanson
Minnesota Attorney General