



# Nonprofit/Charity Complaint Form

**MAIL TO:**  
Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
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

**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.**

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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. 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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. 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 maybe used as stated on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please submit copies of any relevant documents with your complaint.**