



CONSUMER STATEMENT
 STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 165 Capitol Avenue Hartford CT 06106
 dcp.charitiesenforcement@ct.gov
 Fax No. (860) 707-1971

For Official Use Only

Consumer Information:

Name	
Address	
City, State and Zip	
Email	
Home telephone	Cell Phone

If your complaint concerns a request for charitable funds, complete the following:

Soliciting Charity Information:

Name
Address
City, State and Zip
Telephone

If the request for funds was made by telephone:

1. Did the caller identify themselves as a paid solicitor? Yes No If yes, what was the name of the soliciting company? _____
2. Did the caller tell you their name? Yes No
 If yes, what was the caller's name? _____
 What was the date of the call? _____ Time of Call? _____

If the request for funds was made by mail, provide a copy of the request with your complaint.

If the request for funds was made in person:

1. Where were you when solicited? _____ Date of solicitation _____
2. What was the name of the person who solicited funds from you? _____

If your complaint concerns the activities of a charitable organization, complete the following:

Charity Information:

Name
Address
City, State and Zip
Telephone

Name, title and telephone number of the person with the organization who has knowledge of your complaint. _____

Name, address and telephone number of any other person who has knowledge of your complaint.

Please attach a brief narrative and any other documents to support your complaint.

SIGNATURE _____ DATE _____

Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of this Consumer Statement.