



RETURN this form to:

The Office of the Attorney General & Reporter

c/o Public Interest Division

P.O. Box 20207

Nashville, TN 37202

<http://www.tn.gov/attorneygeneral/nonprofit/nonprofit.html>

NONPROFIT COMPLAINT FORM

Name of organization: _____

Secretary of State Control Number of organization: _____

Federal Employer Identification Number ("FEIN") of organization: _____

List any other names it uses: _____

Address of organization: _____

City, State, ZIP: _____

Telephone number of the organization: _____

(Please enclose copies of any documents relating to this complaint.)

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: _____

(If you have any documents in your possession that relate to your complaint, please attach copies of them.)

Your name, address and telephone number: _____

Date: _____ Your signature: _____

This form is subject to the open records laws codified in title 10, chapter 7 of the Tennessee Code Annotated. The Attorney General cannot act as your private attorney. This form may also be faxed to the Public Interest Division at 615-532-6951.