

Kris W. Kobach

State of Kansas Office of the Attorney General Consumer Protection Division

120 SW 10th Street, Suite 430 Topeka, Kansas 66612-1597 Phone: (785) 296-3751

CHARITABLE ORGANIZATIONS INVESTIGATIVE REQUEST

WEBSITE: www.InYourCorner Kansas.org

MIONALI GENERAL	
Personal Information (Signature Required on page 3)	Information About the Charitable Organization
Name: Mr. Ms. Mrs.	Company Name:
Address: Apt. #	Address:
CITY, STATE, ZIP, COUNTY:	City, State, Zip:
DAYTIME PHONE #:	PHONE #:
EMAIL ADDRESS:	Salesperson:
	CONTACT PERSON:
Information Ab	OUT THE INCIDENT
When were you first contacted by this organization? Date: Time: First contact between you and the charity: Person came to my home I received a telephone call I responded to a radio / tv ad / mailing Other (explain)	Where did this contact take place? Over the phone At home At the charity By mail Other (explain)
DID YOU DONATE TO THIS CHARITABLE ORGANIZATION? YES / NO IF YES, WHEN DID YOU DONATE:	Was your donation made through a third-party solicitor or professional fundraiser? Yes / No / Unknown If yes,
Amount(s) donated:	Was the name, address, and telephone number of the charitable organization disclosed? Yes / No Was the registration number for the charitable
Paid by:CashCheckCredit Card Other (explain)	ORGANIZATION DISCLOSED? YES / NO WAS THE REGISTRATION NUMBER FOR THE PROFESSIONAL SOLICITOR DISCLOSED? YES / NO

Were you provided with any information about the charity that was false, a misrepresentation, or in any other way deceptive? Yes / No (If yes, explain)	
Was you donation used for a purpose consistent with the info Yes / No (If no, explain)	RMATION YOU WERE PROVIDED DURING THE SOLICATION?
If represented by an attorney regarding this matter, list name	, ADDRESS, AND TELEPHONE NUMBER:
Information for Current or F	ORMER EMPLOYEES / VOLUNTEERS
WHEN DID YOU BEGIN TO WORK / VOLUNTEER FOR THE CHARITY AND HOW DID YOU HEAR ABOUT THAT OPPORTUNITY?	ARE YOU STILL EMPLOYED OR VOLUNTEERING FOR THIS CHARITABLE ORGANIZATION? YES / NO
	PLEASE NOTE THAT ANY INFORMATION PROVIDED MAY BE REVIEWED BY THE CHARITY OR BECOME SUBJECT TO PUBLIC DISCLOSURE.
HAVE CHARITABLE FUNDS OR ASSETS BEEN LOST, WASTED, OR DI- VERTED FROM THEIR PROPER PURPOSES OR IS THERE A RISK THIS WILL OCCUR? IF YES, EXLAIN	HAS ACTION BEEN TAKEN WITHIN THE ORGANIZATION OR WITH LAW ENFORCEMENT AGENCIES TO RESOLVE THIS PROBLEM? IF YES, EXPLAIN
LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL PERSONS WADDITIONAL INFORMATION:	HO MAY BE RESPONSIBLE FOR THIS PROBLEM OR HAVE

DESCRIPTION OF INCIDENT	
Please describe the Incident in chronological order (add additional pages as necessary).	
RELEVANT DOCUMENTATION	
Please provide copies of ALL documents relevant to the Alleged misconduct or misrepresentation, including advertise material, receipts, letters, checks (front and back), photographs, Tax Statements, etc. Failure to provide ALL releva	
DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR REQUEST. DOCUMENTS ENCLOSED NOTHING TO ATTACH	
NOTHING TO ATTACH	
Verification	
I AM:Over Age 60Partially DisabledTotally DisabledIlliterate Non-English Speaking	
In filing this request, I understand and agree that the Attorney General and his staff are not my private attorneys, i instead represent the State of Kansas in enforcing laws designed to protect the public from deceptive and unconscional	
ACTS AND PRACTICES. I UNDERSTAND THAT KANSAS LAW LIMITS THE PERIOD OF TIME DURING WHICH I MAY FILE ANY PRIVATE LEG ACTION(S). I FURTHER UNDERSTAND AND AGREE THAT THE CONTENTS OF THIS REQUEST MAY BE FORWARDED TO THE CHARITY THE REQUEST	
DIRECT AGAINST, MAY BE FORWARDED TO OTHER APPROPRIATE AGENCIES, AND WILL BECOME ACCESSIBLE TO OTHERS UNDER THE KANS Open Records Act. I hereby authorize any party to whom the Attorney General directs this complaint to release any a	
ALL INFORMATION ABOUT THIS MATTER, INCLUDING ACCOUNT INFORMATION, TO THE KANSAS ATTORNEY GENERAL'S OFFICE. FINALLY DECLARE AND VERIFY UNDER PENALTY OF PERJURY AND THE LAWS OF KANSAS THAT ALL OF THE FOREGOING IS TRUE AND CORRECT TO 1	
BEST OF MY KNOWLEDGE.	
SIGNATURE OF COMPLAINANT (REQUIRED) DATE	

Rev. 01/2023