



State of Kansas
Office of the Attorney General
CONSUMER PROTECTION DIVISION
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DEREK SCHMIDT
ATTORNEY GENERAL

CHARITABLE ORGANIZATIONS INVESTIGATIVE REQUEST

WEBSITE:
WWW.KSAG.ORG

PERSONAL INFORMATION (SIGNATURE REQUIRED ON PAGE 3)

NAME: MR. MS. MRS. DATE OF BIRTH:

ADDRESS: APT. #

CITY, STATE, ZIP, COUNTY:

DAYTIME PHONE #:

EMAIL ADDRESS:

INFORMATION ABOUT THE CHARITABLE ORGANIZATION

COMPANY NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE #:

SALESPERSON:

CONTACT PERSON:

INFORMATION ABOUT 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:

AMOUNT(S) DONATED:

PAID BY: CASH CHECK CREDIT CARD

OTHER (EXPLAIN)

WAS YOUR DONATION MADE THROUGH A THIRD-PARTY SOLICITOR
OR PROFESSIONAL FUNDRAISER? YES / NO / UNKNOWN
IF YES,

WAS THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THE
CHARITABLE ORGANIZATION DISCLOSED? YES / NO

WAS THE REGISTRATION NUMBER FOR THE CHARITABLE
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 YOUR DONATION USED FOR A PURPOSE CONSISTENT WITH THE INFORMATION YOU WERE PROVIDED DURING THE SOLICITATION? YES / NO (IF NO, EXPLAIN)

IF REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER, LIST NAME, ADDRESS, AND TELEPHONE NUMBER:

INFORMATION FOR CURRENT OR FORMER 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 DIVERTED FROM THEIR PROPER PURPOSES OR IS THERE A RISK THIS WILL OCCUR? IF YES, EXPLAIN

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 WHO MAY BE RESPONSIBLE FOR THIS PROBLEM OR HAVE ADDITIONAL INFORMATION:

