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CHARITABLE ORGANIZATIONS INVESTIGATIVE REQUEST

WEBSITE:
WWW.INYOURCORNER KANSAS.ORG

PERSONAL INFORMATION (SIGNATURE REQUIRED ON PAGE 3)

NAME: MR. MS. MRS.

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) _____

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) _____

WHERE DID THIS CONTACT TAKE PLACE?

- OVER THE PHONE
 AT HOME
 AT THE CHARITY
 BY MAIL
 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:

