

109 SW 9th Street  
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Joshua A. Ney, Commissioner

Sam Brownback, Governor

## SECURITIES COMPLAINT FORM

The purpose of the form is to provide the information needed to start a preliminary investigation of a complaint. It is important to provide as much detailed information as possible.

### 1. YOUR INFORMATION

Mr.  Mrs.  Miss  Ms. D.O.B. \_\_\_/\_\_\_/\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Fax Number \_\_\_\_\_

### 2. WHO IS YOUR COMPLAINT AGAINST?

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail/Web Site \_\_\_\_\_  
Individuals You Dealt With:  
Name \_\_\_\_\_  
Title \_\_\_\_\_  
Name \_\_\_\_\_  
Title \_\_\_\_\_

### 3. TRANSACTION INFORMATION

Date of Transaction/Purchase: \_\_\_/\_\_\_/\_\_\_ Product Involved: \_\_\_\_\_  
What was the transaction for?  Myself  My Business  My Corporation  My Family/Household  
Amount Paid: \$\_\_\_\_\_ Paid By:  Cash  Check  Credit Card  Loan  Direct Deposit  
What was the date of the payment? \_\_\_\_\_  
Who received the payment from you? \_\_\_\_\_  
How many units or shares did you purchase? \_\_\_\_\_  
Did you sign a contract?  Yes  No Did you have a verbal agreement?  Yes  No  
Where did the transaction take place? (Check one)  
 Over the phone  At Home  At the Company  By Mail  Other \_\_\_\_\_

Had you any prior business relationship with either the company or the salesperson who contacted you?

Yes  No If yes, please explain: \_\_\_\_\_

What was the first contact between you and the company? (Check one)

- Person came to my home  I telephoned the company  I responded to a radio/TV ad/ mailing
- I responded to an email  I received a phone call from the company  I responded to an internet ad
- Other (Please explain) \_\_\_\_\_

**4. PLEASE PROVIDE ADDITIONAL DETAILS REGARDING YOUR COMPLAINT ON A SEPARATE PAGE.**

**5. ACTIONS YOU HAVE TAKEN**

Do you know of any other persons who invested with the company, corporation or association? If so, please provide their name, address and telephone number: \_\_\_\_\_

Have you notified or filed a complaint with any other agency? If yes, please describe: \_\_\_\_\_

Have you complained to the subject or seller?  Yes  No

If yes, what offer of adjustment or explanation was made? \_\_\_\_\_

Who made the offer of adjustment? \_\_\_\_\_

What would you consider to be a satisfactory solution? \_\_\_\_\_

**6. DOCUMENTATION OF COMPLAINT**

Please provide copies of all documents relevant to this complaint, including advertising material, contracts, receipts, letters, checks (front and back), statements, etc. FAILURE TO PROVIDE ALL RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR COMPLAINT.

**Please return this complaint form and all attachments to:**

**Director of Enforcement**  
**Office of the Kansas Securities Commissioner**  
**109 SW 9<sup>th</sup> Street, Ste. 600**  
**Topeka, KS 66612**