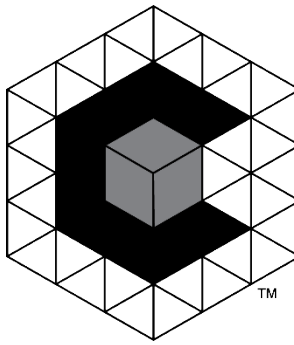


STATE OF COLORADO  
Department of State  
1700 Broadway, Suite  
550 Denver, CO 80290



Jena Griswold  
Secretary of State  
Mike Fitzpatrick  
Acting Director, Business & Licensing  
Division

Dear Consumer;

Thank you for contacting the Colorado Secretary of State's Charities Program. The Secretary of State has jurisdiction to investigate complaints for possible violations of the Colorado Charitable Solicitations Act. Information that citizens bring to us through complaints is very valuable.

This memo provides some guidelines regarding the complaint-handling process. These guidelines are meant to help you understand what we will be doing with your complaint.

1. **We do not represent you.** Any action that we take is on behalf of citizens in general. By accepting your complaint, we have not agreed to represent you in any capacity.
2. **Our investigation may help to resolve your problem.** Our investigations are not designed to resolve individual disagreements. Disagreements might need to be resolved in civil proceedings between the parties involved. We investigate to determine whether or not we can prove that a charity or paid solicitor has violated a law. However, an investigation often causes the charity or paid solicitor to reconsider its position in the individual case.
3. **How you can help us to evaluate your complaint:** In order to help us accurately evaluate your claim, it is important that copies of all relevant documents be included with your complaint form.

Don't send original documents; keep the originals for your own records. Depending on the nature of your complaint, you might want to include copies of checks written for donations (both front and back), receipts, correspondence, advertisements, bank statements, or any other document that helps explain your complaint.

4. **What we might ask you to do:** In order to take legal action against the charity or paid solicitor, we will need your full cooperation. Although the great majority of cases are settled without a trial, you might be asked to be a witness. If you are unable or unwilling to testify about your complaint, please let us know on the complaint form. Refusing to testify won't prevent us from addressing systemic issues raised by the complaint or concern.

The Colorado Secretary of State's office and the Colorado Attorney General's office work cooperatively to protect public charitable assets and resolve complaints accusing charities of violating the Colorado Charitable Solicitations Act. The information that you provide in your complaint may be shared by staff at both of these state agencies.

This office can't provide legal advice to you. To preserve any legal rights you may have, you may wish to seek a private attorney. Although you may feel that the charity or paid solicitor in question has treated you badly, this does not necessarily mean that they are engaged in unlawful activity.

Thank you for your time, and we appreciate your bringing this situation to our attention.

Main Number  
Fax- Business  
Fax- Licensing  
TDD/TTY

(303) 894-2200  
(303) 869-4864  
(303) 869-4871  
(303) 869-4867

Website  
E-mail Business-  
E-mail Licensing-

[www.coloradosos.gov](http://www.coloradosos.gov)  
[business@coloradosos.gov](mailto:business@coloradosos.gov)  
[licensing@coloradosos.gov](mailto:licensing@coloradosos.gov)

# Charities Program Complaint Form

Colorado Secretary of State  
Charity Program  
1700 Broadway, Ste. 550  
Denver, CO 80290

Phone: 303-894-2200  
Fax: 303-869-4864  
Email: [charitable@coloradosos.gov](mailto:charitable@coloradosos.gov)

## Your Information

Last Name

First Name

Street Address

City

State

Zip Code

Phone Number

Alternate Phone Number (if any)

Email Address

## Charity or Paid Solicitor Information

Name of the Charity that Your Complaint is About

Name of the Paid Solicitor that Your Complaint is About

Street Address (if known)

City

State

Zip Code

Phone

Email address

Registration number (if known)

**Contact**

Select One:

Contact me using the information entered above, or  contact the person named below:

Name

Phone number

Address

**Complaint Information**

If this complaint involves an at-risk adult or an adult over the age of 60, please mark box:

What was the name of the person with whom you dealt?

What was the date?

Did you make a donation?  Yes  No If yes, enter the amount \$

How did you pay?

Check  Credit Card  Debit Card  Cash  Money Order  Other

Describe any relationship you have or had with the organization—for example, if you are a current or former employee, volunteer, member, director, family member, contractor, etc.

**Complaint**

Include as many specific details as you can, Include additional pages if necessary

## Complaint Review

We will review your complaint to determine if a violation of the Colorado Charitable Solicitations Act might have occurred. If the evidence supports a probable violation, we will process your complaint. We may resolve the matter informally or investigate further. You may be asked to provide additional information.

The individual that you filed the complaint against will be given a summary of the complaint and copies of any relevant documentation that you submitted. He or she is required to respond to the complaint

Can we disclose your name and address to the person or organization that is the subject of this complaint?

Yes       No

Are you willing to testify about this complaint in an enforcement proceeding?

Yes       No

Can we disclose your name, address, and the content of this complaint to another government agency?

Yes       No

## Acknowledgement

I have read the preceding information, and it is true to the best of my knowledge and belief.

Sign or type your name

Date