



## Charitable Organization Complaint Form

Office of the Attorney General  
Consumer Protection Division  
6 State House Station  
Augusta, Maine 04333-0006

The Maine Attorney General's office has jurisdiction to investigate complaints that involve 1) misappropriation of charitable funds; 2) fraudulent or misleading solicitation; or 3) breaches of trust. The AGO generally does not become involved in governance disputes within nonprofit organizations.

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### Your Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_  
(Example: 123-456-7890)

E-mail: \_\_\_\_\_

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### The Organization:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension (optional): \_\_\_\_\_  
(Example: 123-456-7890)

E-mail: \_\_\_\_\_

Name and Title of Contact Person at the Organization: \_\_\_\_\_

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### Your Complaint:

Describe the details of your complaint below. Please include as much detail as possible – continue on additional sheets if necessary.

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Do you have any evidence or documents in your possession that relate to your complaint?  Yes  No

If yes, please list the evidence below. Examples of supporting evidence includes, but is not limited to, canceled checks, bank records, invoices, letters, emails, printed solicitations, brochures and flyers. Please attach **copies** of the documents relating to this complaint to the back of the form or to the email.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What action has already been taken to try to resolve this problem either within the organization, with any other government agency or law enforcement agencies?

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Have you previously contacted the ME Attorney General's Office about this problem?  Yes  No

If Yes, please specify dates of previous contacts with the \_\_\_\_\_  
ME AG's Office and/or other agencies you have contacted: \_\_\_\_\_

### Review, sign, and submit your complaint

1. **Review the confidentiality of your complaint:** Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, we generally do not disclose your name, address, phone number or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted. Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.
2. **Read this important notice and sign your complaint.**  
I understand that when I submit this Complaint that the Maine Attorney General's Office cannot give me legal advice and cannot act as my personal lawyer. I also understand that the Maine Attorney General's Office may need to forward this complaint to another agency for response.
3. **The complaint should be mailed to the address at the top of this form.** If you have any questions or concerns, please contact the Consumer Protection Division by calling 207-626-8861 and leaving a message or by email at [consumer.mediation@maine.gov](mailto:consumer.mediation@maine.gov).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_