



**CONSUMER STATEMENT**  
 STATE OF CONNECTICUT  
 DEPARTMENT OF CONSUMER PROTECTION  
 450 Columbus Blvd, Suite 901, Hartford CT 06103-1840  
 dcp.charitiesenforcement@ct.gov  
 Fax No. (860) 707-1971

For Official Use Only

**Consumer Information:**

Name	
Address	
City, State and Zip	
Email	
Home telephone	Cell Phone

If your complaint concerns a request for charitable funds, complete the following:

**Soliciting Charity Information:**

Name
Address
City, State and Zip
Telephone

If the request for funds was made by telephone:

1. Did the caller identify themselves as a paid solicitor? Yes  No  If yes, what was the name of the soliciting company? \_\_\_\_\_
2. Did the caller tell you their name? Yes  No   
 If yes, what was the caller's name? \_\_\_\_\_  
 What was the date of the call? \_\_\_\_\_ Time of Call? \_\_\_\_\_

If the request for funds was made by mail, provide a copy of the request with your complaint.

If the request for funds was made in person:

1. Where were you when solicited? \_\_\_\_\_ Date of solicitation \_\_\_\_\_
2. What was the name of the person who solicited funds from you? \_\_\_\_\_

If your complaint concerns the activities of a charitable organization, complete the following:

**Charity Information:**

Name
Address
City, State and Zip
Telephone

Name, title and telephone number of the person with the organization who has knowledge of your complaint. \_\_\_\_\_

Name, address and telephone number of any other person who has knowledge of your complaint.  
 \_\_\_\_\_

**Please attach a brief narrative and any other documents to support your complaint.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Note: All complaints are public information. By submitting this complaint, you give the Department of Consumer Protection your permission to release a copy of this Consumer Statement.**