

Non-Profit Abuse Complaint Form

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Instructions:

1. Please print or type. Answer all questions fully and correctly.
2. Please mail **copies** of all documents that may relate to your complaint claim.
3. Return the information to the Consumer Protection Division (address above).
4. You may also file a complaint online. Be sure to include copies of all relevant documents.
5. **PLEASE NOTE: Important "Open Records" information on page 2 of this form.**

YOUR NAME AND ADDRESS:		NAME OF NON-PROFIT OR PERSON COMPLAINT IS AGAINST:	
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	Age:
Name:		Name:	
Address:		Address:	
City, State, Zip Code:		City, State, Zip Code:	
Primary Phone Number:		Primary Phone Number:	
Email Address:		Email Address:	
Website:		Website:	
Have you contacted an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Attorney:		Date Contacted:	
What do you think should be done to resolve your complaint fairly?			

Continue to next page.

Please sign on other side.

