

STATE OF RHODE ISLAND
DEPARTMENT OF BUSINESS REGULATION SECURITIES DIVISION
JOHN O. PASTORE COMPLEX – BUILDING 69-1
CRANSTON, RI 02920
401.462-9527 (PHONE) 401.462-9645 (FAX)

DEPARTMENT COMPLAINT FORM

Office Use Only

Case No. _____

Date Filed _____

INSTRUCTIONS: Please complete this form and return to above address if you have reason to believe that a licensee regulated by the department has violated the law or failed to meet their responsibilities and obligations to the public.

Complainant's Name: Last _____ First _____ Middle _____

Residence Street _____ City/Town _____ State _____ Zip _____

Mailing Address (if different from residence) _____

Home Telephone _____ Business Telephone & Extension _____

Name, Address, Phone of person who always knows where to contact me _____

Licensee or regulated activity about whom or which I am making complaint _____

Address (Business or Residence) _____ Phone _____

Type of Licensee or Regulated Activity

Securities

Charitable Organizations

Time Shares

Broker Dealer

Fund Raiser

Franchisor

Investment Adviser

Date, Time and Place of alleged violation _____

Other Federal, State, Municipal, local agencies or legal counsel I have contacted with regard to this complaint, including results of contacts.

Explain as fully as possible on the reverse side the exact nature of your complaint against the licensee or regulated activity. Be sure to attach **copies** of any documentation which will help support your allegations including, but not limited to statements, contracts, purchase agreements, cancelled checks, circulars, prospectuses, advertising, etc. (SEE OTHER SIDE)

The undersigned swears to or affirms the truth and accuracy of all statements, answers, representations and allegations contained herein, including all statements hereto attached.

SIGNED _____

DATE _____

**A COPY OF THIS COMPLAINT WILL BE FORWARDED TO THE LICENSEE ABOUT WHICH YOU HAVE COMPLAINED.
(SEE OTHER SIDE)**

