



TOM CORBETT
ATTORNEY GENERAL

www.attorneygeneral.gov

Office Use Only Investigator: _____

Complaint # _____

Charitable Trusts &
Organizations Section
14th Floor, Strawberry Square
Harrisburg, PA 17120
(717) 783-2853

YOUR NAME _____

ADDRESS _____

CITY () STATE () ZIP CODE COUNTY

HOME PHONE NUMBER BEST NUMBER TO CALL DURING THE DAY

INSTRUCTIONS: Please describe the nature of your complaint in as much detail as possible. If your complaint concerns a solicitation for a donation/contribution, provide as much specific information as you can by answering the following questions. If you can provide additional information, please use additional sheets.

NAME OF THE CHARITABLE ORGANIZATION OR FUNDRAISING CAMPAIGN ASSOCIATED WITH THE SOLICITATION: _____

ADDRESS, IF KNOWN: _____

NAME AND/OR TITLE OF THE PERSON CALLING OR WRITING TO YOU: _____

THE PURPOSE(S) FOR WHICH YOUR DONATION/CONTRIBUTION WAS TO BE USED:

HOW WERE YOU CONTACTED? PHONE MAIL IN PERSON OTHER

IF OTHER, PLEASE DESCRIBE: _____

DATE(S) OF CONTACT(S): _____

DID YOU AGREE OR PLEDGE TO MAKE A DONATION/CONTRIBUTION? YES IF YES, HOW MUCH? _____ NO

IF YOU HAVE ALREADY MADE A DONATION/CONTRIBUTION, HOW DID YOU MAKE YOUR DONATION/CONTRIBUTION (CASH, CHECK, MONEY ORDER, CREDIT CARD, ETC.)? _____

WHEN DID YOU MAKE YOUR DONATION/CONTRIBUTION? _____

DID YOU RECEIVE ANY WRITTEN SOLICITATION MATERIALS, RECEIPTS, PLEDGE REMINDERS, DECALS, MEMBERSHIP CARDS, ETC.? YES (IF YES, PLEASE PROVIDE COPIES OF ANY SUCH MATERIALS.) NO

Your Age:
 18-29
 30-44
 45-59
 60 or older

How did you find out about us:
 Visited Office
 Attended County/ Senior Fair or Speaking Engagement
 State Legislator/ Agency
 News Story
 Internet
 Other- Please Specify: _____

(This information will be used for Statistical & Enforcement Purposes Only)

For financial data and registration information regarding charitable organizations and their solicitors call:

**Toll Free
1-800-732-0999
PA Dept. of State
Bureau of
Charitable
Organizations**

