



**RETURN this form to:**

The Office of the Attorney General & Reporter  
c/o Public Interest Division  
P.O. Box 20207  
Nashville, TN 37202

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**PUBLIC BENEFIT NONPROFIT COMPLAINT FORM**  
(charitable organizations only-NO HOA COMPLAINTS)

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

Secretary of State Control Number: \_\_\_\_\_

Federal Employer Identification Number ("FEIN") (if applicable): \_\_\_\_\_

List other names used by the Organization: \_\_\_\_\_

Full address (city, state, zip): \_\_\_\_\_

Telephone number: \_\_\_\_\_

Briefly summarize the main points of your complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages with details, if necessary. If you have any documents in your possession that relate to your complaint, please attach copies.)*

Have charitable funds or other assets been lost, wasted, or diverted from proper charitable purposes? Or is there a danger that such loss will soon occur? Please explain, giving best estimate of the amount lost or at risk? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(Attach additional pages with details, if necessary)*

What action has already been taken, either within the organization or law enforcement agencies, to try to resolve this problem? \_\_\_\_\_

\_\_\_\_\_

List the name, address, telephone number (if known) of all persons you believe may be responsible for this problem: \_\_\_\_\_

\_\_\_\_\_

List the name, address, telephone number of any other person(s) who may have additional information concerning the complaint: \_\_\_\_\_

\_\_\_\_\_

Print your name, full address, telephone number: \_\_\_\_\_

\_\_\_\_\_

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

**This form is subject to the open records laws codified in Title 10, Chapter 7 of the Tennessee Code Annotated. The Attorney General cannot act as your private attorney. This form may also be faxed to the Public Interest Division at 615-532-4892. ONLY PDF DOCUMENTS ARE ACCEPTED (NO JPEG'S, WORD DOCUMENTS).**