## OFFICE OF THE ATTORNEY GENERAL SECURITIES DIVISION 200 ST. PAUL PLACE 20TH FLOOR

BALTIMORE, MARYLAND 21202-2020 TELEPHONE: (410) 576-6360

## COMPLAINT

The purpose of this complaint form is to provide the Maryland Division of Securities with information necessary for the commencement of a preliminary investigation of your allegations. Thus, it is important for you to furnish as much detailed information as possible. All information you provide will be deemed confidential, and neither the contents nor the source of this complaint will be publicly disclosed or available for public inspection unless formal proceedings are instituted.

It is important that you attach copies of all written materials (including checks, contracts, advertisements, pamphlets, and letters or correspondence) that may relate to your complaint.

The Division appreciates your interest and cooperation.

(PLEASE TYPE OR PRINT)

## INFORMATION ABOUT PURCHASER OR COMPLAINANT (YOU)

Mr. Mrs. Ms. Dr.					
_	Last Name	First	Middle		Today's Date
					()
Home	Address	City	State	Zip	Telephone Number
					()
Busi	ness Address	City	State	Zip	Telephone Number
Trade	e or Occupation	Approx.	Single Age	e Married	Widowed Divorced
Are y	you willing to B	oe interviewed	l by an inve	stigator f	rom this office?
				Yes	No

Are you willing to be a witness if formal proceedings are commenced by the Securities Commissioner?

INFORMATION ABOU	T SUBJECT OR SE	ELLER (If unknov	wn, please indica	<u>ate)</u>
In what company,	corporation, o	or association o	did you invest:	
Its Name	I	Address	Telepho	one No.
<del>-</del>			ction. ( Please lable informatio	
Last Name	First	Middle	Position	Telephone No
Address	(	City	State	Zip
Last Name	First	Middle	Position	Telephone No
Address	(	City	State	Zip
enclose copies o Person W W	f pamphlets or al visit hen?	advertisements	_	
W	ho else was pre			
D F	one call ate? rom whom? t what address/	location was the	e call received?	
	ising pamphlet/	sales letter what address/lo	ocation?	

Yes

No

	Copy of pamphlet/sales let Copy of envelope attached?		sed?
	Newspaper Name of paper?		
	Date?	osed?	
	Radio		
	Name of station?		
	Date?		
	Television		
	Name of station?		
	Date?		
	Group sales presentation		
Date of presentation?			
	Others present?		
	Other (Please specify)		
	ers who were present when the off f necessary).	ers or sal	es were made to you. (Use
Name	Address	Telephone	Relationship to Complainant (Purchaser) or Seller
limited p	l you purchase or invest in? (Apartnership interest, investment gas lease)	contract,	
How many	units or shares did you purchase	·?	
Total am	nount of your investment or loan	.? \$	Cash \$ Check
Other (P	Please identify)	(Enclo	ose copy of both sides of

check)
How was the amount to be paid: (lump sum, installments, etc.)
Who received the payment from you?
By Mail?On what dates were the units or shares purchased?
on what dates were the units of shares parenasea.
Did you sign any type of contract? If so, please enclose a copy.  Where was it signed (city/county)? Who else was present?
How were your securities delivered?  If in person:  By whom?  When?  Where?  If by mail, please attach envelope and any cover letter.
Describe any prior business or personal relationships/dealings with either the company or the salesperson who contacted you:
Please explain in detail your previous investment experience (type, date, amount):
List any oral representations or promises made to you by the salesperson:
What, if any, statements made to you were untrue?
Who else do you know that invested with the company, corporation, or association?

Have you notified or filed a complaint with	any of the following agencies?
U.S. Securities & Exchange CommissionMaryland Attorney GeneralOther Federal Agency or OfficeCounty or District Attorney	Sheriff's OfficeLocal Police DepartmentBetter Business BureauLocal Newspaper
Have you complained to subject or seller? If yes, what offer of adjustment or explanati	
Have you or any other victims filed a lawsui provide the name of the case/county/case nurcourt documents.	
Please provide a narrative of the transac complaint. (Use separate sheets or back of	

What would you consider to be a satisfactory sol	ution?
Signature (Please sign in ink)	Date

## PLEASE RETURN THIS COMPLETED COMPLAINT AND ALL ATTACHMENTS TO:

OFFICE OF THE ATTORNEY GENERAL
MARYLAND DIVISION OF SECURITIES
200 St. Paul Place
20th Floor
Baltimore, Maryland 21202-2020
Telephone: (410) 576-6360

ADDITIONAL INFORMATION

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