The purpose of this form is to provide the information needed to start a preliminary investigation of a complaint. It is important to provide as much detailed information as possible.

If you would like to submit your complaint online directly to our office, visit insurance.kansas.gov.

1. YOUR INFORMATION

[ ] Mr.  [ ] Mrs.  [ ] Miss  [ ] Ms.  D.O.B.: ___ / ___ / ___

Name: ____________________________  Occupation: ____________________________

Home Address: ____________________________  Business Address: ____________________________

City: ____________  State: ___  ZIP: ______  City: ____________  State: ___  ZIP: ______

Home Phone: ____________________________  Business Phone: ____________________________

Email Address: ____________________________  Fax Number: ____________________________

2. WHO IS YOUR COMPLAINT AGAINST?

Business Name: ____________________________  Individuals Involved:

Address: ____________________________  Name: ____________________________

City: ____________  State: ___  ZIP: ______  Title: ____________________________

Phone: ____________________________  Name: ____________________________

Email/Website: ____________________________  Title: ____________________________

3. TRANSACTION INFORMATION

Date of Transaction/Purchase: ___ / ___ / ___  Product Involved: ____________________________

What was the transaction for?:  [ ] Myself  [ ] My Business  [ ] My Corporation  [ ] My Family/Household

Amount Paid: $ ____________  Paid By:  [ ] Cash  [ ] Check  [ ] Credit Card  [ ] Loan  [ ] Direct Deposit

When was the date of the payment?: ____________________________

Who received payment from you?: ____________________________

How many units or shares did you purchase?: ____________________________

Did you sign a contract?:  [ ] Yes  [ ] No  Did you have a verbal agreement?:  [ ] Yes  [ ] No

Where did the transaction take place? (Check one):

[ ] Over the Phone  [ ] At Home  [ ] At the Company  [ ] By Mail  [ ] Other: ____________________________
Had you any prior business relationship with either the company or the salesperson who contacted you?

☐ Yes  ☐ No  If yes, please explain: ________________________________

What was the first contact between you and the company? (Check one):

☐ Person came to my home  ☐ I telephoned the company  ☐ I responded to a radio/TV ad/mailing

☐ I responded to an email  ☐ I received a phone call from the company  ☐ I responded to an internet ad

Other (please explain): ________________________________

4. PLEASE PROVIDE ADDITIONAL DETAILS REGARDING YOUR COMPLAINT ON A SEPARATE PAGE.

5. ACTIONS YOU HAVE TAKEN

Do you know of any other persons who invested with the company, corporation or association? If so, please provide their name, address and telephone number: ________________________________

Have you notified or filed a complaint with any other agency? If yes, please describe: ________________________________

Have you complained to the subject or seller?:  ☐ Yes  ☐ No

If yes, what offer of adjustment or explanation was made?: ________________________________

Who made the offer of adjustment?: ________________________________

What would you consider to be a satisfactory solution?: ________________________________

5. DOCUMENTATION OF COMPLAINT

Please provide copies of all documents relevant to this complaint, including advertising material, contracts, receipts, letters, checks (front and back), statements, etc. FAILURE TO PROVIDE ALL RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR COMPLAINT.

Signature: ________________________________  Date: ________________________________

When you have completed this form, send it to:

Kansas Insurance Department
Securities Division
Attn: Director of Enforcement
1300 SW Arrowhead Rd.
Topeka, KS 66604
Email: kid.webcomplaints@ks.gov

Attach any supporting documentation relating to your complaint review. Keep original copies.