

Securities Complaint Form

Office of the Securities Commissioner



KANSAS
INSURANCE
DEPARTMENT

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?: _____

6. 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.