SECURITIES COMPLAINT FORM

The purpose of the 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.

1. YOUR INFORMATION

□ Mr. □ Mrs. □ Miss □ Ms. D.O.B. ___/___/___

Name _____________________________________________

Home Address ______________________________________ Address ______________________________________

City ___________________ State____ Zip__________ City_________________ State____ Zip__________

Home Phone __________________________ Phone __________________________

Occupation __________________________ E-Mail/Web Site ______________________________________

Business Address __________________________ Individuals You Deal With:

City ___________________ State____ Zip__________ Name __________________________

Business Phone __________________________ Title __________________________

E-Mail Address __________________________ Name __________________________

Fax Number __________________________ Title __________________________

2. WHO IS YOUR COMPLAINT AGAINST?

Business Name __________________________________

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

What was the date of the payment? __________________________________

Who received the 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

Please return this complaint form and all attachments to:  Director of Enforcement
                                                      Office of the Kansas Securities Commissioner
                                                      1300 SW Arrowhead Road
                                                      Topeka, KS 66604