

# Office of the Attorney General Charitable Organization Complaint Form

**Name of Organization:**

**List any other names used:**

**Address of organization:**

**Phone:**

**Fax:**

**Website:**

**Briefly summarize the main points of your complaint or inquiry here:**

*(Attach additional pages if necessary for this or any questions that follow.)*

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

**Have you submitted your complaint or inquiry to the organization? yes  no**

If "yes," what was the response from the organization?

**Have you submitted your complaint or inquiry to any other government agency?  
yes  no**

If "yes," please list the name of the agency, address, telephone number and name of any person contacted.

**Is a court action pending?    yes     no**

If “yes,” please provide the name, title and index number of the proceeding and the name and location of the court, if available.

**List the names, addresses, telephone numbers and email addresses, if known, of all persons you believe may be responsible for this problem:**

**List the names, addresses, telephone numbers and email addresses of any persons who may have additional information concerning this complaint or inquiry:**

*Information provided to the New Mexico Office of the Attorney General may become part of the public record. We will accept and review complaints regardless of whether or not the person making the complaint identifies themselves on this form.*

**Mail the completed form to:**

Office of the Attorney General  
Consumer Protection Bureau – Charities Unit  
PO Drawer 1508  
Santa Fe, NM 87504-1508

**Name:**

**Date:**

**Address:**

**Phone:**

**email:**