## **CHARITY DISPUTE FORM**

Attorney General Liz Murrill Louisiana Department of Justice Consumer Protection Section P.O. Box 94005 Baton Rouge, LA 70804-9005 Phone: 225-326-6400 Fax: (225) 326-6499 Website: www.AGLizMurrill.com	CASE ID: FOR OFFICE USE ONLY		
* = REQUIRED F	Please print or type. Your form must be legible.		
Are you over the age of 60? Did you respond to a solicitation made during a state of emergency?	□ Yes □ No □ Yes □ No		
*Date *	Full Name of Person Filing Form		
*Address:	*Home Phone:		
*City:	*Work Phone:		
*State & Zip:			
*Person in Dispute:			
*Address:	*Phone:		
*City, State & Zip:	Parish/County:		
Name of Solicitor (if known):			
Date of Transaction:			
made the initial contact?	osite, newspaper, mail, telephone solicitation, etc.) Who		
Did you made a donation to a charity? (	) Yes()No		
Name of Charity:			
How much did you donate?			
How did you make this donatio	n? (E.g., cash, check, money order, pay pal)?		

The donation was made by phone 
Phone 
In person 
Mail 
Website

Were you told the donation would be tax deductible ( ) Yes ( ) No

Did the solicitor or donation material represent what percentage of your donation would be used for the charitable purpose? ( ) Yes \_\_\_\_\_% or \$\_\_\_\_\_ ( ) No

Describe any contact you have had with the charity/professional solicitor concerning your dispute.

Have you contacted any other agency regarding your dispute? If so, please furnish the name of the agency, when filed, and status if known.

Have you ever donated to this charity before? If so, please describe your past experiences.

If you are aware of anyone else who has made a similar donation or had a similar experience with this charity, please describe and provide their names and addresses.

AFTER REVIEWING YOUR DISPUTE AND THE STEPS YOU HAVE TAKEN TO RESOLVE IT, YOU MAY BE REFERRED TO ANOTHER AGENCY, A PRIVATE ATTORNEY, SMALL CLAIMS COURT OR JUSTICE OF THE PEACE COURT, OR SOME OTHER METHOD OF RESOLVING YOUR DISPUTE. A COPY OF THIS FORM MAY BE SHARED WITH OTHER LAW ENFORCEMENT AGENCIES.

\*Using the space provided below, please explain your dispute fully. Please describe the events in the order in which they occurred, using extra paper if necessary. **IMPORTANT:** Enclose copies of all documents relevant to your dispute including advertising material, contracts, warranties, receipts, canceled checks, etc. If your dispute involves a vehicle, please indicate the make, year and vehicle identification number.

*What would satisfy your dispute?		
what would satisfy your dispute:		

## PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read and understand the following statements:

I understand the Attorney General's Office may provide copies of this form and any attachments to the charity in dispute and other private and public agencies. I authorize the Office of the Attorney General to give copies or any information of the form to anyone deemed necessary.

I understand that the Attorney General's office is not my legal representative. I understand that it is recommended that I consult a private attorney. I also understand that I may lose my private right to sue about this matter entirely if I wait too long to do so. I also understand that any action by the Attorney General's office may not result in a refund or other relief for me personally.

I wish to file this dispute with the Attorney General's office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I am, however, filing this form to notify your office of the activities of this party and to seek any other assistance you may be able to render.

 $\hfill\square$  I understand and agree to all above conditions

Signature: \_\_\_\_\_

Date: \_\_\_\_\_