Louisiana Office of Financial Institutions Securities Division COMPLAINT FORM

NAME AND ADDRESS Name:		ERSON COMPLAINT IS AGAINST:
Address:		
City:	State:	Zip Code:
Phone Number:		Zip Code:
YOUR NAME AND AD	DRESS:	
Name:		
Address:		
City:	State:	ZIP Code:
Phone Number:		Email:
TYPE OF COMPLAINT	· <u>·</u>	
Complaint against a Co	_	
Complaint against an In	· · —	
Date of Transaction:		
Place of Transaction (S	pecify states in w	which you and the salesman were located)
\\/:tagagagagagagagagagagagagagagagagagagag		
witnesses to the Transa	action:	
State the type of invest	ment involved (e	.g. stock, note, limited partnership, etc. If
		e)
 If you invested in corporation? 		nd, what was the name of the issuing
 If you invested in 	a note, who w	vas the maker (Company or Individual)
-	-	was the name of that partnership?
Amount involved in tran		
	<u></u>	
Can you provide eviden checks; money orders;		(front and back of checks; cashiers YES □
Did you sign any papers (If YES, please attach c		NO YES

How did you first learn about this investment?				
Have you complained to the Company or Firm? NO ☐ YES ☐ (If yes, to whom?)				
What was the response?				
May we send a copy of your complaint to the firm or individual complained against? YES \square NO \square				
Does an attorney represent you in this matter? NO ☐ YES ☐				
If YES, give Attorney's Name and Address: Name:				
Address:				
City:State:Zip Code:				
Did you begin any legal action against this company? NO ☐ YES ☐ Explain				
Are you willing to sign an affidavit or testify regarding your transaction with this Company? NO YES Specify other governmental or regulatory agencies contacted:				
May we send a copy of your complaint to another governmental agency or regulatory body for review or investigation? NO□ YES□				
Did you tape-record any of your conversations regarding the transaction(s)? NO☐ YES ☐				

Names, telephone number and/or addresses of any other known investors:
Please explain the entire circumstances surrounding your complaint in the space provided below. It is important to include all details about the transaction, no matter how unimportant you may think they are. Please be specific in referring to any names, dates or documents. Also, if any part of the transaction occurred outside of Louisiana, please indicate that fact. Remember that it is better to include too much information, rather than too little information. Be sure to describe the type of investment and any instruments you received evidencing your investment. (If additional space is needed, attach more pages.)

Recovery of Losses

Because the focus of an Office of Financial Institutions (OFI) securities investigation is regulatory in nature, and is designed to determine compliance with Louisiana's securities laws and regulation, you are encouraged to consider other means if you are seeking to recover money or securities. It is very important for you to understand that OFI staff is investigating your complaint from a regulatory perspective and with the protection of all investors in mind.

There can be no assurances that any action taken by OFI will result in a payment or return of funds or securities to you even where formal enforcement actions are taken and sanctions imposed. Relying on the outcome of OFI's investigation may close other avenues of redress if you wait too long to proceed.

OFI staff cannot provide legal advice to you in connection with your complaint. Therefore, you may want to consult with an attorney if you are considering filing an arbitration, mediation, or private civil action.

The above	is true and accurate to the best of my knowledge.	
Signature:	Date:	

Return completed form to:

Louisiana Office of Financial Institutions Securities Division 8660 United Plaza Blvd., 2nd Floor Baton Rouge, LA 70809-7024

OR

Fax to (225) 925-4511