



## Complaint Questionnaire

**INSTRUCTIONS:**

- Please complete all fields on this form, providing as much information and detail as possible.
- Make copies of pertinent information, including the front & back of all checks written or received. Upload, Mail, or Fax **copies** of all documents in your possession to the Department. **Do not send the original documents!**
- When describing dates, times, persons, and what statements were made, be as specific and detailed as possible.

### Information About the Complainant:

Complainant Name	Date of Birth		
Address			
City	ST	Zip	Phone
E-Mail			
Place of Employment	Trade/Occupation		
Address			
City	ST	Zip	Phone
Spouse/Partner's Name	Trade/Occupation		

### Information About the Seller:

Business Name			
Primary Phone No.	Secondary Phone No.		
Address			
City	ST	Zip	
Please provide as much of the following information as possible regarding the salespersons you dealt with:			
Name	Position	Phone No.	E-mail Address
Did you know the salesperson or company <u>prior</u> to this investment? Yes    No			
If Yes, Please Explain			

### Information About the Offer:

1. How was the offer to invest/purchase made?

Telephone - Who Called & Date

Personal Visit - Who Visited & Date

Seminar or Group Sales Presentation - Location & Date

Newspaper/Magazine - Name & Date

Other: Explain Circumstances and include all dates)

2. Where was the offer made?

3. Who made the offer?

What was their Position?

4. Who else was present? (Name, Address, City, State, Zip Code, Telephone)

### Information About the Investment:

1. Describe the investment offered to you: (Example: Common Stock, Oil and Gas interests, etc.)

2. Did you invest?            Yes    No

When did you invest?

How much did you invest?

3. How did you pay? (Cash, Check, Money Order, etc.)

4. How much did you purchase? (Example: 1000 Shares; 5% Working Interest, etc.)

5. Did you sign any type of contract?    Yes    No    Date signed

6. What City & State was the contract signed and/or money paid?

7. Do you know any other purchasers?

Yes No

Please list their Name, Address, City, State, Zip Code, Telephone

8. What were you told about the investment?

9. What untrue statements, if any, were made to you?

10. What facts, if any, did the seller omit to tell you which would have changed your decision to invest?

### Information About the Complaint:

1. Have you communicated with any other state or federal agency about this matter?

Yes No

Please list the agency and the person you spoke with.

a.

b.

c.

2. Have you hired an attorney?

Yes No

If Yes, please identify: (Name/Address/Telephone)

3. Describe your past and current investment experience: (Example: Savings Account, Mutual Funds, Oil & Gas interests, etc.)

4. Are you willing to testify in an administrative hearing or court of law regarding this case? Yes No

5. Are you willing to permit the Oklahoma Department of Securities to share information from this Questionnaire with other government departments and/or law enforcement agencies?

Yes No

6. Are you willing to permit the Oklahoma Department of Securities to share information from this Questionnaire to the firm or party your complaint is against in order to resolve the conflict?

Yes No

Complainant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that your complaint form will not be considered complete until we receive a signed copy of this form. You must sign and submit the **complaint form and copies of all relevant documents, notes, certificates, etc.** using one of the methods below:

**Mail:**

**OKLAHOMA DEPARTMENT OF SECURITIES**  
204 North Robinson, Suite 400  
Oklahoma City, Oklahoma 73102

**Electronic Transmission:**

If you have these documents available in an electronic format, you can electronically transmit them to us using our secure document delivery system at:  
[securities.ok.gov/DocumentDelivery/](https://securities.ok.gov/DocumentDelivery/)

**Fax:**

(405) 280-7742