

GENERAL COMPLAINT FORM

WV SECRETARY OF STATE'S OFFICE
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Email: investigationssupport@wvsos.gov

Today's Date: _____ Date(s) of Alleged Offenses: _____

Nature of Complaint (PLEASE SELECT ONE):

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Charities | <input type="checkbox"/> Notary Public | <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Athlete Agent |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Association | <input type="checkbox"/> Trademark | <input type="checkbox"/> UCC | <input type="checkbox"/> Other |

Complainant's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Person(s) or Organization(s) Allegations are Against: _____

Position Held (current): _____ N/A Other subjects involved: _____ N/A

Describe your allegations to the best of your ability: _____

_____ (cont on attached sheet)

Relief Sought: _____

I acknowledge that all of the above information is true and accurately reflects the matter(s) in question, to the best of my knowledge.

X _____

Complainant Signature

DO NOT WRITE BELOW THIS LINE

Case No. Assigned: _____ Date: _____ By: _____

Investigator Assigned: _____ Date: _____ By: _____

Date of Completion: _____ Outcome: _____