



# Indiana Secretary of State Securities Division - Complaint Form

**The Indiana Securities Division can investigate possible violations of the following statutes:**

*Indiana Uniform Securities Act (IC 23-19)*

*Indiana Loan Broker Act (IC 23-2-5)*

*Indiana Franchise Act (IC 23-2-2.5)*

*Indiana Collection Agency Act (IC 25-11)*

*Indiana Takeover Offers Act (IC 23-2-3.1)*

*Indiana Commodity Code (IC 23-2-6)*

### Section 1: Your Information

Name	Date of Birth	County	
Street Address	City	State	Zip Code
Daytime Phone	Email Address		

### Section 2: Select the subject matter that pertains to your complaint

Securities    Loan Broker    Franchise    Collection Agency    Takeover Offers    Commodities    Other

### Section 3: Information about the individual and/or business who you believe may have violated the law

Individual Name	Website		
Street Address	City	State	Zip Code
Phone Number	Email Address		
Business Name	Website		
Street Address	City	State	Zip Code
Phone Number	Email Address		

*\*Note: Please include any additional individuals or businesses in Section 5 "Additional Comments/Details"*

### Section 4: Transaction/Incident Details

Date of Transaction/Incident
How did you first come in contact with the Individual/Business? <input type="checkbox"/> Internet/Email <input type="checkbox"/> Printed Advertisement <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Home Visit <input type="checkbox"/> Telephone
Have you contacted the Individual/Business regarding your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the dollar amount associated with your loss? [If Applicable]      \$ _____

How did you pay?		
<input type="checkbox"/> Cash	<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Other _____
<input type="checkbox"/> Check	<input type="checkbox"/> IRA	
Did you sign a written agreement/contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you hired an attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, what is the name of your attorney</i>		
Have you started a court action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed a complaint with any other agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, indicate what agency, filing date and action taken</i>		

<b>Section 5: Additional Comments/Details</b>

Please mail the completed form, along with **copies (no originals)** of any supporting documentation, to the Indiana Securities Division:

Indiana Securities Division  
 302 W. Washington Street  
 Room E-111  
 Indianapolis, IN 46204