



State of South Carolina  
Office of the Secretary of State  
The Honorable Mark Hammond

1205 Pendleton Street, Suite 525, Columbia SC 29201  
Investigations Division  
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**Charitable Solicitation Complaint Form**

1. Name of Organization/Person: \_\_\_\_\_
2. Contact Information of Organization/Person:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website: \_\_\_\_\_  
Email Address: \_\_\_\_\_
3. Method of Solicitation:  
 Telephone     Direct Mail     Email     In-person     Raffle  
 Charitable Bingo     Thrift Store/Clothing Bin     Commercial Co-venture  
 School Fundraiser     Online/Social Media     Other \_\_\_\_\_
4. Date/Time of Solicitation: \_\_\_\_\_
5. Location\* of Solicitation: \_\_\_\_\_

\*If telephone or email solicitation, please list recipient's telephone number or email address. If online solicitation, please list website address where solicitation occurred.

6. Nature of Complaint:  
 Misrepresentation or Deceptive Solicitation  
 Theft or Misuse of Donations/Funds  
 Failure to Register with Secretary of State  
 Other: \_\_\_\_\_
7. Please provide a brief summary of your complaint, and attach additional pages if necessary. If you have a copy of the solicitation, such as a letter, an email, or a flyer, please attach it to this form. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you make a donation or pledge to donate?  Yes  No  
If yes, state the amount or type of donation: \_\_\_\_\_
9. List the name, address, and telephone number, if known, of any persons who may have additional information regarding this complaint:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are you aware of any other actions that have been taken to attempt to resolve this complaint, either within the organization itself or by law enforcement or another agency? If so, please provide a brief summary of such action and attach additional pages if necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please provide your name, address, telephone number and email address so that our investigator may contact you for additional information:  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Check here if you prefer that your identity be kept confidential.
12. Please do not include any sensitive personal or financial information, such as account numbers, with any materials you submit.

Please mail this completed form and any attachments to:

**Office of the Secretary of State  
Investigations Division  
1205 Pendleton Street, Suite 525  
Columbia, SC 29201**

You may also email this form and any attachments to  
[investigations@sos.sc.gov](mailto:investigations@sos.sc.gov).