NORTH CAROLINA SECURITIES DIVISION COMPLAINT FORM

Mail to:				
NORTH CAROLINA SECURITIE	S DIVISION			
P.O. BOX 29622				
RALEIGH, N.C. 27626-0622				
Or fax to:				
(919) 814-5596				
(313) 011 3330				
Please use this form to submit your compl	laint to the Se	curities Division. If you need		
additional space in order to give a full a		answer, please number each		
answer to match its corresponding question	n.			
How did you been about us?				
How did you hear about us? ☐ I attended an event at which a Department	□ Word of mo	outh		
representative spoke	Word of file	Juli		
☐ I am an attorney	☐ Internet sea	rch		
☐ I am an investment/financial services	☐ Other (pleas	se specify)		
professional				
☐ I was referred by another agency				
PLEASE TYPE OR PRI	NT YOUR RI	ESPONSES		
4 MANAGERS MONTH MANAGE AND ADDRESS	100 0			
1. WHAT IS YOUR NAME AND ADDRE				
Mr. or Ms.				
Home Address:				
City:	State:	Zip Code:		
		<u> </u>		
Your Telephone Numbers:		(home phone)		
		(work phone)		
Your E-mail Address:				
May we provide case updates, investor ale	erts, or investo	or education materials to you		
by email?YesNo				
DI 4 II 1941 1 4 16				
Please tell us a little about yourself:				
Your date of birth (MM-DD-YYYY): Your education:				
What is/was your profession?				
THE IST THE JOHN PROTOSSION				

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experienced investor, or son	rself as a first-time investor, a sophisticated and nething in between?
2. WHO IS THE PERSON BEING FILED?	OR FIRM AGAINST WHOM THIS COMPLAINT IS
Name of the Person or Firm	:
Address:	
	State:Zip Code
Position or Title of the Sales Telephone Number of the Sa	person:alesperson:mber(s) of Other Persons Involved:
3. WHAT WAS THE DATE ARE COMPLAINING?	OF THE TRANSACTION ABOUT WHICH YOU
4. WHAT STATE WERE Y	OU IN WHEN THE TRANSACTION TOOK PLACE?
5. WHAT STATE WAS TH TOOK PLACE?	E SALESMAN IN WHEN THE TRANSACTION
6. LIST THE NAMES OF A	NY WITNESSES TO THE TRANSACTION.
bonds, promissory notes, a	TMENT WAS INVOLVED? (For example, was it stock, a partnership interest, or a limited liability company terms describes your investment, please describe it as

8. IF THE INVESTMENT WAS IN A STOCK OR A BOND, WHAT WAS THE NAME OF THE COMPANY THAT ISSUED IT?
IF THE INVESTMENT WAS IN A PARTNERSHIP OR A LIMITED LIABILITY COMPANY, WHAT WAS THE NAME OF THE PARTNERSHIP OR COMPANY?
IF THE INVESTMENT WAS IN A NOTE, WHO WAS SUPPOSED TO BE RESPONSIBLE FOR PAYING IT?
9. WHAT WAS THE AMOUNT YOU INVESTED?
IF YOU HAVE MADE MORE THAN ONE PAYMENT, WHAT WERE THE AMOUNTS AND DATES OF THE PAYMENTS?
TO WHOM AND HOW DID YOU MAKE YOUR PAYMENTS?
10. DO YOU HAVE AND CAN YOU PROVIDE EVIDENCE OF YOUR INVESTMENTS? (For example, the front and back of checks, money orders, or cashier's checks; receipts from the seller; agreements; letters; copies of e-mails.)
YESNO (If "yes," attach copies to this complaint.)
11. DID YOU SIGN ANY PAPERS OR DOCUMENTS?
YESNO (If "yes," attach copies to this complaint.)
12. DID YOU RECEIVE A PROSPECTUS OR ANY WRITTEN SALES MATERIALS?
YESNO (If "yes," attach copies to this complaint.) 13. HOW DID YOU FIRST LEARN OF THIS INVESTMENT?

14. WHO CONTACTED YOU ABOUT THIS INVESTMENT?		
15. DID YOU KNOW THE SALESPERSON OR HAVE DEALINGS WITH THE COMPANY PRIOR TO MAKING THIS INVESTMENT?		
YESNO		
(If "yes," please explain your past history with this salesperson or firm.)		
16. WHAT WAS YOUR UNDERSTANDING ABOUT HOW YOUR MONEY WAS SUPPOSED TO BE USED?		
17. WHAT WERE YOU TOLD ABOUT THE INVESTMENT BEFORE YOU INVESTED?		
18. WHAT UNTRUE STATEMENTS, IF ANY, WERE MADE TO YOU?		
19. DID THE SELLER OMIT TO TELL YOU INFORMATION THAT WOULD HAVE CHANGED YOUR DECISION TO DIVISITE IT SO WHAT WAS THAT		
HAVE CHANGED YOUR DECISION TO INVEST? IF SO, WHAT WAS THAT INFORMATION?		

20. LIST THE NAMES OTHER INVESTORS TH			ONE NUMBERS OF ANY
21. HAVE YOU COMPL THIS INVESTMENT?	AINED TO T	HE FIRM OR I	PERSON WHO SOLD YOU
YES	NO	(If "yes," whe	en and to whom?)
22. WHAT RESPONSE D	OID YOU GET	?	
23. MAY WE SEND A CO PERSON YOU HAVE CO	OMPLAINED		T TO THE FIRM OR
YES	NO		
24. DOES AN ATTORNE	Y REPRESEN	NT YOU IN TH	IS MATTER?
YES	NO	(If "yes," give us	s the following information:)
Name of Attorney: Address of Attorney:			
City:Phone Number of Attorne	ey:	State:	Zip Code:
25. HAVE YOU STARTE WHO SOLD YOU THIS			GAINST THE PERSONS
YES	NO	(If "yes," gi	ive details:)
26. HAVE YOU CO REGULATORY AGENC			GOVERNMENTAL OR IENT?
YES	NO		

(If "yes," list the agencies you have contacted.)				
27. MAY WE SEND A COPY OF YOUR COMPLAINT TO ANOTHER AGE FOR ITS REVIEW OR INVESTIGATION?	 NCY			
YESNO				
28. ARE YOU WILLING TO TESTIFY OR SIGN AN AFFIDAVIT AF YOUR DEALINGS WITH THE PERSONS WHO SOLD YOU INVESTMENT?	BOUT THIS			
YESNO				
29. DID YOU RECORD ANY OF YOUR CONVERSATIONS RELATING THIS INVESTMENT?	3 TO			
YESNO				
you came to make this investment; how it was sold to you, or who persuaded y purchase it; what statements and promises were made to you by the sellers what has caused you to file this complaint. If needed, attach additional sheets. specific as you can about names, dates, addresses and documents. Do not as that any fact is irrelevant or unimportant. If any part of the transaction took outside of North Carolina, be sure to tell us that. If you have documents relating the transaction, send us copies do not send us the originals; instead kee originals for your own records.	; and Be as ssume place ing to			

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THE INFORMATION I HAVE STATED ACCURATE TO THE BEST OF MY KNO	
Your Signature:	Date:
Return this completed form, and copies of a complaint, to:	any documents that support your
NORTH CAROLINA SECURITIES DIVIS ENFORCEMENT SECTION	SION
P.O. BOX 29622	
RALEIGH, N.C. 27626-0622	
KALEIGH, N.C. 2/020-0022	
Phone: (919) 814-5400 or 1(800) 688-4507 Fax: (919) 814-5596	
Email: secdiv@sosnc.gov	
Website: www.sosnc.gov	
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