

# GENERAL COMPLAINT FORM

**WV SECRETARY OF STATE'S OFFICE**  
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Email: [investigationssupport@wvsos.gov](mailto: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: \_\_\_\_\_