



# ARKANSAS SECURITIES DEPARTMENT

## COMPLAINT FORM

**INSTRUCTIONS:** Upon receipt of a properly completed "Complaint Form", the Arkansas Securities Department (ASD) will review the complaint and, generally request a response from the company or individual that is the subject of the complaint. Based on this information, ASD will decide whether or not to begin a formal investigation. If a formal investigation begins, it will ordinarily remain confidential, as will any related documentation. You are invited to attach photocopies (no originals please) of supporting documents to the Complaint Form.

Please Check One:  Securities  Broker-dealer  Investment Adviser  
 Mortgage Company  Loan Officer  
 Money Transmitter  Currency Exchange

**Please provide the following information about yourself:**

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Last name First name Middle initial

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Street Address City State Zip

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Daytime phone Evening phone Best time to call E-mail address

**Please provide the following information for the company your complaint is against:**

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Company name Street Address

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City State Zip Phone number

**Person you dealt with at the company:**

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Last name First name Middle initial

**Please briefly describe your complaint below (attach additional pages if necessary):**

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**Please provide information regarding legal representation/action:**

Is an attorney representing you in this matter?  Yes  No

If you have an attorney for this matter, may we contact your attorney?  Yes  No  Not Applicable

Attorney last name	First name	Law firm name	
City	State	Zip	Phone number

**PLEASE READ BEFORE SIGNING:** By signing this Complaint Form I acknowledge that (1) the information I have provided is true to the best of my knowledge and belief, (2) I have read and understand the Notice in the paragraph below, and (3) I authorize the ASD to provide information from this Complaint Form to the company that is the subject of the complaint, or to use the information I have provided in any manner deemed necessary or proper by the ASD.

**NOTICE:** The ASD does not provide personal legal advice, nor will it represent you in court proceedings. Also ASD cannot decide disputes, arbitrate claims or order firms to pay judgments in personal disputes. In order to recover lost funds or obtain comparable relief, you may have to initiate private legal action; prompt action on your part is critical because state and federal laws known as "Statutes of Limitations" impose strict time limits on filing law suits. Thus, you may wish to contact an attorney immediately. For names of attorneys in your area, call the Arkansas Bar Association or your local bar association.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Checking this box constitutes your legal signature and acceptance of the above agreement.

Please return the completed form to ASD by e-mailing [ASDInfo@Arkansas.gov](mailto:ASDInfo@Arkansas.gov) or by mailing to the address above. The form MUST be signed either by hand or by checking the signature box.