

# CHARITY DISPUTE FORM

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**CASE ID:**  
**FOR OFFICE USE ONLY**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* = REQUIRED

Please print or type. Your form must be legible.

Are you over the age of 60?  Yes  No  
Did you respond to a solicitation made during a state of emergency?  Yes  No

\_\_\_\_\_  
\*Date \_\_\_\_\_ \*Full Name of Person Filing Form \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Home Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Work Phone: \_\_\_\_\_

\*State & Zip: \_\_\_\_\_ \*Parish: \_\_\_\_\_

\*Person in Dispute: \_\_\_\_\_

\*Charity in Dispute: \_\_\_\_\_

\*Address: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*City, State & Zip: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Name of Solicitor (if known): \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Date and means of initial contact (website, newspaper, mail, telephone solicitation, etc.) Who made the initial contact?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you made a donation to a charity? ( ) Yes ( ) No

Name of Charity: \_\_\_\_\_

How much did you donate? \_\_\_\_\_

How did you make this donation? (E.g., cash, check, money order, pay pal)?



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\*What would satisfy your dispute? \_\_\_\_\_

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**PLEASE READ THE FOLLOWING CAREFULLY. By submitting this form, you are signifying that you have read and understand the following statements:**

I understand the Attorney General’s Office may provide copies of this form and any attachments to the business in dispute and other private and public agencies. I authorize the Office of the Attorney General to give copies or any information of the form to anyone deemed necessary.

I understand that the Attorney General’s office is not my legal representative. I understand that it is recommended that I consult a private attorney. I also understand that I may lose my private right to sue about this matter entirely if I wait too long to do so. I also understand that any action by the Attorney General’s office may not result in a refund or other relief for me personally.

I wish to file this dispute with the Attorney General’s office. I understand that your office does not conduct litigation for individuals in matters which involve purely private controversies. I am, however, filing this form to notify your office of the activities of this party and to seek any other assistance you may be able to render.

I understand and agree to all above conditions

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_