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ONLINE BROKERAGE SERVICE COMPLAINT FORM

1. PLEASE BE SURE TO COMPLAIN TO THE ONLINE BROKERAGE SERVICE BEFORE FILING.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM AND SIGN THE VERIFYING STATEMENT ON THE REVERSE. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION, SUCH AS: YOUR CONTRACT, DOCUMENTATION OF YOUR PAYMENT, TRANSACTIONS STATEMENTS, TRANSACTION CONFIRMATIONS AND ANY CORRESPONDENCE YOU HAVE HAD WITH THE COMPANY (INCLUDING E-MAIL)

CONSUMER

Name	Home Tel. () ()	Bus. Tel. () ()	
Street Address	E-mail address @		
City/Town	County	State	Zip

COMPLAINT

Name of Online Brokerage Service ("OBS")	Internet address http://www.			
Street Address				
City/Town	County	State	Zip	
Telephone () () ()	E-mail address @			
Type of account (e.g., stock, mutual fund, IRA, options)	Total Amount of Investment \$			
Date of Transaction(s)	Time	Stock Name or Symbol	# of Shares	Nature of Transaction(s)

[Additional details may be provided on reverse]

Was product or service advertised? Yes No Date of advertisement: _____
If yes, describe the nature of the advertisement (e.g., newspaper/magazine advertisement, television commercial, web posting, e-mail solicitation, standard mailing) and attach copies of the advertisement, screen printout and/or mailing.

Date(s) you complained to the OBS: _____	Person Contacted	Job Title
<input type="checkbox"/> By mail <input type="checkbox"/> By e-mail <input type="checkbox"/> By telephone <input type="checkbox"/> In person <input type="checkbox"/> Other		
Nature of Response (Attach copies of any correspondence)	Date of Response	

Has matter been submitted to another agency or attorney? Yes No If yes, give name and address:

Is court action pending? Yes No

