

**COMPLAINT TO THE STATE OF HAWAII, DEPARTMENT OF THE  
ATTORNEY GENERAL ON A NONPROFIT ORGANIZATION**

**Name of organization:**

**List any other names it uses:**

**Address of organization:**

**Telephone number of organization:**

**Website of organization:**

**Email address of organization:**

**Please describe your complaint here: (attach additional pages, if necessary)**

**Have charitable assets been lost, wasted, or diverted from proper charitable purposes, or is there a danger that such loss will soon occur?  YES  NO**

**If yes, please explain and give your best estimate of the amount lost or at risk:**

**What action has already been taken, either within the organization or with other law enforcement agencies, to try to resolve this problem?**

**List the name, address, telephone number, and email address, if known, of persons you believe may be responsible for this problem:**

**List the name, address, telephone number, and email address of any other person who may have additional information concerning the complaint:**

**Your name, address, telephone number, and email address:**

**Check here if you request that your identity remain confidential.**

**Please send the completed form and any attachments to:**

**Tax & Charities Division  
Department of the Attorney General  
425 Queen Street  
Honolulu, HI 96813**

**or**

**[ATG.Charities@hawaii.gov](mailto:ATG.Charities@hawaii.gov)**