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ONLINE BROKERAGE SERVICE COMPLAINT FORM

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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

