



BUSINESS FILING COMPLAINT

State Form 57737 (R2 / 1-26)

Diego Morales
SECRETARY OF STATE
BUSINESS SERVICES DIVISION

302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 234-9768
Email: INBiz@sos.in.gov
INBiz.in.gov

INSTRUCTIONS: Mail or email this form along with any supporting documentation or evidence to the above address. Please do not send originals.

This form should only be used to report a business entity filing accepted by the business services division ("division"). The division's acceptance of a filing does not relate to the correctness of the record. Documents filed to the business registry are signed under the penalties of perjury and the accuracy of submitted information is the responsibility of the submitter.

This form should not be used to report the following:

1. Consumer protection complaints. If your complaint is related to a consumer transaction with a business, please use the Attorney General's online consumer complaint form at <https://www.in.gov/attorneygeneral/consumer-protection-division/file-a-complaint/>
2. Internal business disputes. If your complaint is related to the actions of parties that share authority within the business, consider speaking with an attorney about your options for resolving the dispute.
3. Deceptively similar business names or other intellectual property disputes. If your complaint relates to protecting intellectual property rights, consider speaking with an attorney about your options for pursuing legal remedy. The acceptance of a filing by the division does not grant the right to use or ownership of any intellectual property.

| COMPLAINANT INFORMATION | | | |
|-------------------------|--|---|-------|
| Name | | | |
| Address | | City | State |
| Address line 2 | | ZIP code | |
| Address type | | <input type="checkbox"/> Home address <input type="checkbox"/> Business address | |
| Email address | | Phone number | |

| COMPLAINT DETAILS | | |
|---|--|---------------------------|
| Business name | | |
| Date of filing | Filing number | Name signed on the filing |
| What is your relation to the business: (Describe your relationship to the business and any interactions you have had with the business) | | |
| How were you made aware of the filing? (Describe how you discovered that this filing was made with our office) | | |
| Do you know the person who submitted the filing? If so, describe how you know that person. | | |
| Check any of the following that apply: | | |
| <input type="checkbox"/> My address was used in the filing without my consent | <input type="checkbox"/> My name was signed on the filing without my consent | |
| <input type="checkbox"/> The changes made to the record were not authorized by the business | <input type="checkbox"/> My name was used in the filing without my consent | |
| <input type="checkbox"/> My financial information was used to pay for the filing without my knowledge | | |



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COMPLAINT DETAILS (CONTINUED)

Describe your concerns with the filing and any other relevant details. (If more space is needed, include additional details on a separate page.)

SIGNATURE

Check each box

- ☐ The undersigned affirms and verifies, subject to the penalties of perjury, that the statements contained herein are true.
- ☐ I understand that a person commits a Class A misdemeanor by signing a document that the person knows to be false in a material respect with the intent that the document be delivered to the Secretary of State for filing.

| | |
|--------------|-----------------------|
| Printed Name | Title (if applicable) |
| Signature | Date |

Our office may email you from INBiz@sos.in.gov if additional information is needed. You will be notified by email of the final disposition of your complaint. If your complaint relates to a business using your address, you may receive certified mail from our office intended for the business. If certified mail delivery is attempted at your address for a party that does not reside at the address, you may refuse to accept the mailing or return it to sender.