

**STATE OF WISCONSIN**  
**DEPARTMENT OF FINANCIAL INSTITUTIONS**

**Mailing Address:**

Department of Financial Institutions  
PO Box 7879  
Madison, WI 53707-7879



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Fax: (608) 267-6813  
Email: DFICCharitableOrgs@wi.gov  
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**REPORT OF VIOLATION FORM**

Charitable organizations, fund-raising counsels, and professional fund-raisers are regulated under Chapter 202, subchapters I and II, of the Wisconsin Statutes.

The department may conduct investigations and hold hearings to determine whether any person has violated this chapter or any rule promulgated under this chapter.

The Department may, as a result of an investigation and finding any violation of this chapter or any rule promulgated under this chapter:

- Deny, restrict, suspend or revoke a registration
- Assess a forfeiture
- Refer a case for possible legal action to the appropriate agency
- Issue an administrative warning

**What is a Charitable Organization?**

Pursuant to s. 202.11(1), Stats., any organization described in section 501(c)(3) of the internal revenue code that is exempt from taxation under section 501(a) of the internal revenue code qualifies as a charitable organization and a person who is or purports to be established for a charitable purpose also qualifies as a charitable organization.

**When does a charitable organization need to be registered in Wisconsin?**

Pursuant to s. 202.12, Stats., a charitable organization needs to be registered if it solicits in Wisconsin or has contributions solicited in Wisconsin on its behalf.

**1. THE ORGANIZATION YOU ARE REPORTING**

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Website Address:		

**2. THE NATURE OF VIOLATION**

Is the organization engaged in commercial, for-profit business activities?	Yes	No
Is the organization engaged in deceptive or improper fundraising practices?	Yes	No
Are the directors / officers / staff using income/assets for personal gain?	Yes	No
Has the organization failed to report employment, income, or excise tax liability properly?	Yes	No
Has the organization failed to file required federal tax returns and forms?	Yes	No

**2. THE NATURE OF VIOLATION (Cont.)**

Other (please describe):          
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**3. DETAILS OF VIOLATION**

Identify the names of each individual involved:
Organizational Title(s):
Phone number:
Email Address:
Dates:
Dollar Amounts (if known):
Description of activities:

**4. SUBMITTER INFORMATION**

Name:		
Street Address:		
City:	State:	Zip:
Phone Number:		
Email Address:		

**SUBMISSION AND DOCUMENTATION:** This completed form, along with any supporting documentation, may be submitted via:

**Mailing Address:**  
Department of Financial Institutions  
PO Box 7879  
Madison, WI 53707-7879

**Email:**  
DFICharitableOrgs@wi.gov

The Department will contact you regarding this matter within 5 business days of receiving this submission. Thank you for letting us know of your concern.

**Consent to Release Information**

The information provided may be used in efforts to resolve a violation and may be shared with the party reported on. The Department may seek additional information from relevant parties, and I authorize the disclosure of applicable documents to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.