

**COMMODITY FUTURES TRADING COMMISSION
REPARATIONS COMPLAINT FORM**

If the space provided on this form is not sufficient, attach your own supplementary sheets containing the required information. This form must be typed or printed legibly.

1. COMPLAINANT'S NAME	TEL.NO. (Home)	TEL.NO. (Work)	FAX NO.
ADDRESS (Street)	(City)	(State)	(ZIP)

CO-COMPLAINANT'S NAME	TEL.NO. (Home)	TEL.NO. (Work)	FAX NO.
ADDRESS (Street)	(City)	(State)	(ZIP)

2. Registered persons and/or firms you think violated the Commodity Exchange Act:

RESPONDENT'S NAME	TEL.NO. (Area Code)	FAX NO.	
ADDRESS (Street)	(City)	(State)	(ZIP)

Was this individual/firm registered with the CFTC at the time of the alleged violation		YES	NO
RESPONDENT'S NAME	TEL.NO. (Area Code)	FAX NO.	
ADDRESS (Street)	(City)	(State)	(ZIP)

Was this individual/firm registered with the CFTC at the time of the alleged violation		YES	NO
RESPONDENT'S NAME	TEL.NO. (Area Code)	FAX NO.	
ADDRESS (Street)	(City)	(State)	(ZIP)

Was this individual/firm registered with the CFTC at the time of the alleged violation		YES	NO
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3. If known, cite the specific portions of the Act, rules or regulations violated:

4. **Description of complaint.** Describe **in detail**, giving names, dates, and the facts which will show how the Commodity Exchange Act was violated and how you were injured by that violation. You must set forth this information on supplementary sheets which you must attach to this complaint form.

5. Amount of damages claimed. You must include an explanation of how you calculated the damages you have claimed.

6. Have you brought another action based of the same set of facts in an arbitration forum or civil court?	YES	NO
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7. If yes, has the case been decided?	YES	NO
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8. To your knowledge, are any of the respondents you named the subject of an ongoing receivership or bankruptcy proceedings?	YES	NO
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Important: You must enclose the total amount of the filing fee for the type of decisional procedure you select or your complaint will not be processed. Please indicate the procedure you select and enclose a check or money order made payable to the Commodity Futures Trading Commission in the total amount. The filing fee must accompany your complaint. **Under no circumstances will the filing fee be refunded.**

CHECK ONE:

\$50 Voluntary Decisional Procedure. This procedure entitles you, if the respondents agree, to present your case in written form before a CFTC judgment officer. A final decision will be issued without explanation of the reasons. By electing the voluntary procedure, you will waive your right to appeal as well prejudgment interest and costs.

\$125 Summary Decisional Procedure. If your claim is \$30,000 or less, it can be heard by a CFTC judgment officer. You may present your case in written form, and if deemed necessary by the judgment officer, orally, in Washington, or by telephone under this procedure. The judgment officer will issue brief statements of factual findings and conclusions based on law which are appealable first to the Commission and from there to a U.S. Court of Appeals.

\$250 Formal Decisional Procedure. If your claim is over \$30,000, it can be assigned to an administrative law judge (ALJ) for a formal hearing. You may present your case in written form. If oral testimony is deemed necessary by the ALJ, you may be required to travel up to 300 miles to attend the hearing. The ALJ will issue findings of fact and conclusions of law which are appealable first to the Commission and from there to a U.S. Court of appeals.

Notice: Filing fees, once paid to the Commodity Futures Trading Commission, are not refundable. Verify that the person or persons named in the complaint were registered with the CFTC at the time of the alleged offense. Call (202) 418-5506 for registration information. If individuals named in the complaint were registered, send the complaint form and a check for the filing fee made out to Commodity Futures Trading Commission to: Proceedings Clerk, 1155 21st St., N.W., Washington, D.C. 20581.

VERIFICATION

I hereby swear or affirm (**under penalty of law**) that the facts set forth in this complaint are known to be true or, based on my best information, are believed to be true. To the extent that any facts are believed, instead of known, to be true, the information upon which I formed that belief is set forth as follows (attach detailed, specific information on a supplementary sheet):

Each complainant must sign:

Complainant's signature Date

Co-Complainant's signature Date

Notary Date