

**UNITED STATES
COMMODITY FUTURES TRADING COMMISSION
Washington, DC 20581**

**FORM TCR
TIP, COMPLAINT OR REFERRAL**

A. INFORMATION ABOUT YOU

| | | | |
|-----------------------|--|--|--|
| COMPLAINANT 1: | | | |
|-----------------------|--|--|--|

| | | | |
|-------------------|--------------------|---------------------|---|
| 2. Street Address | | | Apartment/ Unit # |
| City | State/ Province | ZIP/ Postal Code | Country |
| 3. Telephone | Alt. Phone | E-mail Address | Preferred Method of Communication |

| | | | |
|---------------|--|--|--|
| 4. Occupation | | | |
|---------------|--|--|--|

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|-----------------------|--|--|--|
| COMPLAINANT 2: | | | |
|-----------------------|--|--|--|

| | | | |
|-------------------|--------------------|---------------------|---|
| 1. Last Name | | First | M.I. |
| 2. Street Address | | | Apartment/ Unit # |
| City | State/ Province | ZIP/ Postal Code | Country |
| 3. Telephone | Alt. Phone | E-mail Address | Preferred Method of Communication |

| | | | |
|---------------|--|--|--|
| 4. Occupation | | | |
|---------------|--|--|--|

B. ATTORNEY'S INFORMATION (If Applicable – See Instructions)

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|--------------------|--|--|--|
| 1. Attorney's Name | | | |
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