

*State of North Carolina*  
**DEPARTMENT OF THE SECRETARY OF STATE**

***Counterfeit Trademark/Service Mark Complaint***

The purpose of this form is to provide information to the North Carolina Department of the Secretary of State for use in the investigation of claims of counterfeit trademarks and service marks made pursuant to N.C.Gen. Stat. § 80-11.1. Please provide detailed responses to the following questions.

1. Name, address and telephone number of individual/organization completing this form:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Name, address and telephone number of individual/organization against whom these allegations are made:  
\_\_\_\_\_  
\_\_\_\_\_
  
3. State whether the trademark or service mark allegedly counterfeited is registered on the principal register of the United States Patent and Trademark Office, *including the owner of the mark, date of registration and registration number*:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. State whether the trademark or service mark allegedly counterfeited is registered with the Trademark Division of the Department of the Secretary of State of North Carolina, *including the owner of the mark, date of registration and registration number*:  
\_\_\_\_\_  
\_\_\_\_\_
  
5. State whether the mark allegedly counterfeited is protected by Section 110 of the Amateur Sports Act of 1978 (Title 36, U.S.C. § 380):  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Accurately describe the trademark or service mark which has allegedly been counterfeited (*in the alternative, you may attach a copy of the state or federal registration*):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Describe with specificity the manner in which the above-referenced trademark or service mark has been counterfeited. Include within this response the estimated retail sales value of the goods or services having a counterfeit mark used thereon or in connection therewith. (Attach additional pages if necessary).  
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8. Identify the name, address and phone number of any witness(es) to the alleged counterfeiting of the trademark or service mark, or any individual(s) who have knowledge of the use, possession, manufacture or sale of the counterfeit mark as described herein:

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9. State whether any federal, state, county, municipal or other law enforcement agencies have been advised of the counterfeit activity alleged in this complaint. If so, identify the name of the agency, the individual to whom information was given and their address and phone number:

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10. State whether you have in your possession samples of the counterfeit mark as used on or in connection with goods or services and, if so, whether such samples may be made available for inspection by this agency. Include a brief description of the sample.

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11. State the location where goods or services having a counterfeit mark used thereon or in connection therewith may be obtained:

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12. If this complaint involves an object, tool, machine or other device used to produce or reproduce a counterfeit mark, state the name of the individual who has custody of the device and the address where said device may be found:

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Date of Complaint: \_\_\_\_\_

Signature of  
Complainant: \_\_\_\_\_

Signature of  
Complainant: \_\_\_\_\_