

CSIA Trademark Violation Complaint Form

Date: _____

ALL contact information for violator must be provided for processing of complaint.

Company improperly using trademark: _____

Company Contact/ Individual in question: _____

Address: _____

City, State ZIP: _____

Telephone: _____

Website: _____

Include ALL information on where you found the CSIA Trademark and why you believe the company or individual(s) are in violation. Attach documentation/evidence to this form.

COMPLAINANT INFORMATION

Complainant's Name: _____

Company Name: _____

(If applicable)

Address: _____

City, State, Zipcode _____

Telephone: _____

Email Address: _____

*Companies improperly using the CSIA trademark **WILL NOT** be notified of the name of the person(s) submitting the complaint*

Please mail, fax or email an easily readable copy of this completed form, advertisement(s) in question and source(s) of where the Trademark has been placed to the CSIA office.

2155 Commercial Drive, Plainfield, IN 46168

Fax: (317) 837-5365 or office@csia.org