

10. HAVE YOU COMPLAINED TO THE BUSINESS? (Check box when applicable)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
When? _____	Action taken? _____	

11. WITH WHAT OTHER AGENCY HAVE YOU FILED THIS COMPLAINT? None	
When? _____	Action taken? _____

12. HAVE YOU CONTACTED A PRIVATE ATTORNEY?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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13. HAVE YOU STARTED A COURT ACTION? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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14. HAVE YOU BEEN SUED OVER THIS ISSUE? IF YES, PLEASE ATTACH A COPY OF ALL COURT PAPERS.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15. DOLLAR AMOUNT ASSOCIATED WITH YOUR LOSS, IF ANY. \$ N/A		
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16. PLEASE DESCRIBE YOUR COMPLAINT IN DETAIL (ATTACH ADDITIONAL PAGES IF NECESSARY)		
<p>Please attach a copy of all papers involved (order blank, warranty, credit card receipt and statement, invoice, contract or written agreement, advertisement, cancelled check, correspondence and all other related documents). Please print clearly or type. DO NOT INCLUDE YOUR SOCIAL SECURITY NUMBER.</p> <p>On 2/7/2013 Dr. Ulrich Klopfer performed an abortion on a 13 year old girl at his abortion facility, Fort Wayne Women's Health Organization, 2210 Inwood Drive, Fort Wayne, IN, 46815. This abortion was not reported to the Indiana Department of Health as required by Indiana State law (IC16-34-2-5). A copy of the termination report is attached.</p>		

17. HOW WOULD YOU LIKE YOUR COMPLAINT RESOLVED?		
I request the immediate suspension of the medical license of Dr. Ulrich Klopfer (#02000628A) pending a full investigation.		

18. CONSENT AND VERIFICATION		
<p>I affirm, under the penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement.</p> <p>I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).</p>		
<div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Your Signature	<div style="text-align: center;"> 9/18/13 _____ Date </div>	

WHAT WILL HAPPEN NOW? WHAT ELSE SHOULD YOU DO?	MAIL COMPLETED FORMS TO:
<p>The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you may want to consider contacting a private attorney or your local small claims court.</p>	<p>Attorney General Greg Zoeller Consumer Protection Division Government Center South, 5th floor 302 West Washington Street Indianapolis, IN 46204 PH: 317-232-6330 • FAX: 317-233-4393 www.IndianaConsumer.com</p>