

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

OMB APPROVAL

OMB Number: 3038-0082

Expires: 10/31/14

**FORM TCR  
TIP, COMPLAINT OR REFERRAL**

<b>A. TELL US ABOUT YOURSELF</b>			
<b>COMPLAINANT 1:</b>			
1. Last Name	First Name	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>COMPLAINANT 2:</b>			
1. Last Name	First Name	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			

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Please be advised that pursuant to 5 [CFR C.F.R. § 1320.5\(b\)\(2\)\(i\)](#), you are not required to respond to this collection of information unless it displays a currently valid OMB control number.

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

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1. Attorney's Name			
2. Firm Name			
3. Street Address			
City	State/Province	ZIP/Postal Code	Country
4. Telephone	Fax	E-mail Address	

**C. TELL US WHO YOU ARE COMPLAINING ABOUT**

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<b>INDIVIDUAL/ENTITY 1:</b>			
1. Type: <input type="checkbox"/> Individual <input type="checkbox"/> Entity	If <del>An Individual, Specify Profession</del> an individual, specify profession. If <del>An Entity, Specify Type</del> an entity, specify type.		
2. Name			
3. Street Address			Apartment/Unit #
City	State/Province	ZIP/Postal Code	Country
4. Telephone	E-mail Address	Internet Address	
<b>INDIVIDUAL/ENTITY 2:</b>			
1. Type: <input type="checkbox"/> Individual <input type="checkbox"/> Entity	If <del>An Individual, Specify Profession</del> an individual, specify profession. If <del>An Entity, Specify Type</del> an entity, specify type.		
2. Name			
3. Street Address			Apartment/Unit #
City	State/Province	ZIP/Postal Code	Country
4. Telephone:	E-mail Address:	Internet Address:	

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**D. TELL US ABOUT YOUR COMPLAINT**

1. Occurrence Date (mm/dd/yyyy)	2. Nature of Complaint
3a. Type of Financial Product or Investment, if Applicable	
3b. Name of Financial Product or Investment, if Applicable	
4. State in detail all facts pertinent to the alleged violation. Explain why you believe the facts described constitute a violation of the Commodity Exchange Act. Use additional sheets, if necessary.	
5. Describe all supporting materials in your possession and the availability and location of any additional supporting materials not in your possession. Use additional sheets, if necessary.	

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6. Describe how and from whom you obtained the information that supports your allegations. If any information was obtained from an attorney or in a communication where an attorney was present, identify such information with as much particularity as possible. In addition, if any information was obtained from a public source, identify the source with as much particularity as possible. Use additional sheets, if necessary.

7. Identify with particularity any documents or other information in your submission that you believe could reasonably be expected to reveal your identity and explain the basis for your belief that your identity would be revealed if the documents or information were disclosed to a third party.

8a. Have you or your attorney had any prior communication(s) with the CFTC concerning this matter? YES  NO

8b. If the answer to 8a is "Yes," ~~name of~~ please identify the CFTC staff member(s) with whom you or your attorney communicated.

9a. Have you or your attorney provided the information to any other agency or organization, or has any other agency or organization requested the information or related information from you? YES  NO

9b. If the answer to 9a is "Yes," please provide details. Use additional sheets, if necessary.

9c. ~~Name~~ If the answer to 9a is "Yes," please provide the name and contact information ~~for~~ of the point of contact at the other agency or organization, if known.

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10a. Does this complaint relate to an entity of which you are or were an officer, director, counsel, employee, consultant or contractor? YES <input type="checkbox"/> NO <input type="checkbox"/>
10b. If the answer to <del>question</del> Question 10a is “Yes,” have you reported this violation to your supervisor, compliance office, whistleblower hotline, ombudsman, or any other available mechanism at the entity for reporting violations? YES <input type="checkbox"/> NO <input type="checkbox"/>
10c. If the answer to <del>question</del> Question 10b is “Yes,” please provide details. Use additional sheets, if necessary.
10d. Date on which you took the action(s) described in <del>question</del> Question 10b (mm/dd/yyyy):
11a. Have you taken any other action regarding your complaint? YES <input type="checkbox"/> NO <input type="checkbox"/>
11b. If the answer to <del>question</del> Question 11a is “Yes,” please provide details. Use additional sheets, if necessary.
12. Provide any additional information that you think may be relevant.

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**E. WHISTLEBLOWER ELIGIBILITY REQUIREMENTS AND OTHER INFORMATION**

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1. Are you currently, or were you at the time that you acquired the original information that you are submitting to the ~~Commission~~CFTC, a member, officer or employee of ~~the Department of Justice, the Commodity Futures Trading Commission, the Comptroller of the Currency, the CFTC~~; the Board of Governors of the Federal Reserve System; ~~the Office of the Comptroller of the Currency; the Board of Directors of~~ the Federal Deposit Insurance Corporation; ~~the Director of~~ the Office of Thrift Supervision; the National Credit Union Administration; ~~Board~~; the Securities and Exchange Commission; ~~the Department of Justice~~; a registered entity; a registered futures association; a self-regulatory organization; a law enforcement organization; or ~~any~~ foreign regulatory authority or law enforcement organization?

YES  NO

2. Are you providing this information pursuant to a cooperation agreement with the ~~Commodity Futures Trading Commission~~CFTC or another agency or organization?

YES  NO

3. ~~Are~~Before you ~~providing~~provided this information ~~before, did~~ you (or anyone representing you) ~~received~~receive any request, inquiry or demand that relates to the subject matter of this submission (i) from the ~~Commodity Futures Trading Commission~~CFTC, (ii) in connection with an investigation, inspection or examination by any registered entity, registered futures association or self-regulatory organization, or (iii) in connection with an investigation by the Congress, or any other federal or state authority?

YES  NO

4. Are you currently a subject or target of a criminal investigation, or have you been convicted of a criminal violation, in connection with the information that you are submitting to the ~~Commodity Futures Trading Commission~~CFTC?

YES  NO

~~5. Are you, or were you at the time you acquired the original information that you are submitting to the Commission, a member, officer or employee of a foreign regulatory authority or law enforcement organization?~~

~~YES  NO~~

~~65. Did you acquire the information being provided to us~~the CFTC from any person described in ~~questions~~Questions 1 through ~~54~~ above?

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YES  NO

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7. Use this space to provide additional details relating your responses to questions any of Questions 1 through 6 above, please provide details. Use additional sheets, if necessary.

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### F. WHISTLEBLOWER'S DECLARATION

I declare under penalty of perjury under the laws of the United States that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I fully understand that I may be subject to prosecution and ineligible for a whistleblower award if, in my submission of information, my other dealings with the Commodity Futures Trading Commission, or my dealings with another authority in connection with a related action, I knowingly and willfully make any false, fictitious or fraudulent statements or representations, or use any false writing or document knowing that the writing or document contains any false, fictitious or fraudulent statement or entry.

Print Name

Signature

Date

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### G. COUNSEL CERTIFICATION

I certify that I have reviewed this form for completeness and accuracy and that the information contained herein is true, correct and complete to the best of my knowledge, information and belief. I further certify that I have verified the identity of the whistleblower on whose behalf this form is being submitted by viewing the whistleblower's valid, unexpired government issued identification (e.g., driver's license, passport) and will retain an original, signed copy of this form, with Section F signed by the whistleblower, in my records. I further certify that I have obtained the whistleblower's non-waivable consent to provide the Commodity Futures Trading Commission with his or her original signed Form TCR upon request in the event that the Commodity Futures Trading Commission requests it due to concerns that the whistleblower may have knowingly and willfully made false, fictitious or fraudulent statements or representations, or used any false writing or document knowing that the writing or document contains any false, fictitious or fraudulent statement or entry; and that I consent to be legally obligated to do so within seven (7) calendar days of receiving such a request from the Commodity Futures Trading Commission.

Print Name of Attorney and Law Firm, if Applicable

Signature

Date

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### **Privacy Act Statement**

This notice is given under the Privacy Act of 1974. The Privacy Act requires that the Commodity Futures Trading Commission (CFTC ~~or Commission~~) inform individuals of the following when asking for information. The solicitation of this information is authorized under the Commodity Exchange Act, 7 U.S.C. § 1 *et seq.* This form may be used by anyone wishing to provide the CFTC with information concerning a violation of the Commodity Exchange Act or the ~~Commission's~~CFTC's regulations. If an individual is submitting this information for the ~~Commission's~~CFTC's whistleblower award program pursuant to Section 23 of the Commodity Exchange Act, the information provided will be used to enable the ~~Commission~~CFTC to determine the individual's eligibility for payment of an award. This information will be used to investigate and prosecute violations of the Commodity Exchange Act and ~~Commission~~the CFTC's regulations. This information may be disclosed to ~~Federal~~federal, state, local or foreign agencies or other authorities responsible for investigating, prosecuting, enforcing or implementing laws, rules or regulations implicated by the information consistent with the confidentiality requirements set forth ~~therein, including pursuant to~~in Section 23 of the Commodity Exchange Act and Part 165 of the ~~Commission's~~CFTC's regulations. The information will be maintained and additional disclosures may be made in accordance with System of Records Notices CFTC-49, "~~Whistleblower Records~~" (exempted), CFTC-10, "Investigatory Records" (exempted), and CFTC-16, "Enforcement Case Files." Furnishing the information is voluntary. However, if an individual is providing information for the whistleblower award program, not providing required information may result in the individual not being eligible for award consideration.

Questions concerning this form may be directed to ~~the~~ Commodity Futures Trading Commission, Whistleblower Office, Three Lafayette Centre, 1155 21st Street, ~~N.W., NW~~, Washington, DC 20581.

### **Submission Procedures**

- If you are submitting information for the ~~Commission's~~CFTC's whistleblower award program, you *must* submit your information using this Form TCR.
- You may submit this form electronically, through the web portal found on the ~~Commission's~~CFTC's website at <http://www.cftc.gov>. You may also print this form and submit it by mail to ~~the~~ Commodity Futures Trading Commission, Whistleblower Office, Three Lafayette Centre, ~~1155~~21st Street, ~~N.W., NW~~, Washington, DC 20581, or by facsimile to (202) 418-5975.

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- You have the right to submit information anonymously. However, in order to receive a whistleblower award, you will need to be identified to ~~selected Commission~~select CFTC staff for a final eligibility determination, and in unusual circumstances, you may need to be identified publicly for trial. You should therefore provide some means for the ~~Commission's~~CFTC's staff to contact you, such as a telephone number or an e-mail address.

### **Instructions for Completing Form TCR**

#### **General**

All references to “you” and “your” are intended to mean the whistleblower.

#### **Section A: Tell Us About Yourself**

Questions 1-4: Please provide the following information about yourself:

- ~~Last~~last name, first name and middle initial;
- ~~Complete~~complete address, including city, state and zip code;
- ~~Telephone~~telephone number and, if available, an alternate number where you can be reached;
- ~~Your~~your e-mail address (to facilitate communications, we strongly encourage you to provide ~~your~~an e-mail address, especially if you are filing anonymously);
- ~~Your~~your preferred method of communication; and
- ~~Your~~your occupation.

#### **Section B: Your Attorney’s Information**

Complete this section only if you are represented by an attorney in this matter.

Questions 1-4: Provide the following information about your attorney:

- ~~Attorney's~~attorney's name;
- ~~Firm~~firm name;
- ~~Complete~~complete address, including city, state and zip code;
- ~~Telephone~~telephone number and fax number; and
- ~~Ee~~e-mail address.

#### **Section C: Tell Us Who You Are Complaining About**

Question 1: Choose one of the following that best describes the individual’s profession or the type of entity to which your complaint relates:

- **For Individuals:** accountant, analyst, associated person, attorney, auditor, broker, commodity trading advisor, commodity pool operator, compliance officer, employee, executing broker, executive officer or director, financial planner, floor broker, floor trader, trader, unknown or other (specify).
- **For Entities:** bank, commodity ~~trading advisor~~pool, commodity pool operator, commodity ~~pool~~trading advisor, futures commission merchant, hedge fund, introducing broker, major swap participant, retail foreign exchange dealer, swap dealer, unknown or other (specify).

Questions 2-4: For each individual and/or entity, provide the following information, if known:

- ~~Full~~full name;
- ~~Complete~~complete address, including city, state and zip code;
- ~~Telephone~~telephone number;
- ~~Ee~~-mail address; and
- ~~Internet~~internet address, if applicable.

#### Section D: Tell Us About Your Complaint

Question 1: State the date (mm/dd/yyyy) that the alleged conduct occurred or began.

Question 2: Choose the following option that you believe best describes the nature of your complaint. If you are alleging more than one violation, please list all that you believe may apply:

- ~~Theft~~theft/misappropriation;
- ~~Misrepresentation~~misrepresentation/omission (i.e., false/misleading marketing/sales literature; inaccurate, misleading or non-disclosure by commodity pool operator, commodity trading advisor, futures commission merchant, introducing broker, retail foreign exchange dealer, major swap participant, swap dealer or their associated person(s); false/material misstatements in any report or statement);
- ~~Ponzi~~ponzi/pyramid scheme;
- ~~Off~~off-exchange foreign currency, commodity or precious metal fraud;

- ~~Registration~~registration violations (including unregistered commodity pool operator, commodity trading advisor, futures commission merchant, introducing broker, retail foreign exchange dealer, swap dealer or their associated person(s));
- ~~Trading~~trading (after hours trading, algorithmic trading, disruptive trading, front running, insider trading, manipulation/attempted manipulation of commodity prices, market timing, inaccurate quotes/pricing information, program trading, trading suspensions or volatility);
- ~~Fees~~fees/mark-ups/commissions (excessive, unnecessary or unearned administrative, commission or sales fees; failure to disclose fees; insufficient notice of change in fees; excessive or otherwise improper spreads or fills);
- ~~Sales~~sales and advisory practices (background information on past violations/integrity; breach of fiduciary duty/responsibility; churning/excessive trading; cold calling; conflict of interest; abuse of authority in discretionary trading; failure to respond to client, customer or participant; guarantee against loss; promise to profit; high pressure sales techniques; instructions by client, customer or participant not followed; investment objectives not followed; solicitation methods (e.g., cold calling, seminars));
- ~~Customer~~customer accounts (unauthorized trading); identity theft affecting account; inaccurate valuation of Net Asset Value; or
- ~~Other~~other (analyst complaints, market maker activities, employer/employee disputes or other (specify)).

Question 3a: Choose ~~from~~ the following ~~the~~ option that you believe best describes the type of financial product or investment at issue, if applicable:

- ~~Commodity~~commodity futures;
- ~~Options~~options on commodity futures;
- ~~Commodity~~commodity options;
- ~~Foreign~~foreign currency transactions;
- ~~Swaps~~swaps; or
- ~~Other~~other (specify).

Question 3b: Provide the name of the financial product or investment, if applicable.

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- Question 4: State in detail all ~~the~~ facts pertinent to the alleged violation. Explain why you believe the facts described constitute a violation of the Commodity Exchange Act.
- Question 5: Describe all supporting materials in your possession, custody or control, and the availability and location of additional supporting materials not in your possession, custody or control.
- Question 6: Describe how you obtained the information that supports your allegations. If any information was obtained from an attorney or in a communication where an attorney was present, identify such information with as much particularity as possible. In addition, if any information was obtained from a public source, identify the source with as much particularity as possible.
- Question 7: ~~You may use this space to identify~~ Identify any documents or other information in your submission on this Form TCR that you believe could reasonably be expected to reveal your identity. Explain the basis for your belief that your identity would be revealed if the documents or information were disclosed to a third party.
- Question 8a: State whether you or your attorney have had any prior ~~communications~~ communication(s) with the ~~Commission~~ CFTC concerning this matter.
- Question 8b: If the answer to ~~question~~ Question 8a is yes, ~~provide~~ identify the ~~name of the Commission~~ CFTC staff member(s) with whom ~~the~~ you or your attorney communicated.
- Question 9a: Indicate whether you or your attorney have provided the information you are providing to the ~~Commission~~ CFTC to any other agency or organization, ~~or whether any other agency or organization has requested the information or related information from you.~~
- Question 9b: If the answer to ~~question~~ Question 9a is yes, provide details.
- Question 9c: ~~Provide~~ If the answer to Question 9a is yes, ~~provide~~ the name and contact information of the point of contact at the other agency or organization, if known.
- Question 10a: Indicate whether your complaint relates to an entity of which you are, or were in the past, an officer, director, counsel, employee, consultant or contractor.
- Question 10b: If the answer to ~~question~~ Question 10a is yes, state whether you have reported this violation to your supervisor, compliance office, whistleblower hotline, ombudsman, or any other available mechanism at the entity for reporting violations.
- Question 10c: If the answer to ~~question~~ Question 10b is yes, provide details.

Question 10d: Provide the date on which you took the ~~actions~~action(s) described in ~~questions 10a~~Questions 10b and 10b10c.

Question 11a: Indicate whether you have taken any other action regarding your complaint, including whether you complained to the ~~Commission~~CFTC, another regulator, a law enforcement agency, or any other agency or organization; or initiated legal action, mediation~~or~~, arbitration; ~~or initiated~~ any other action.

Question 11b: If you answered yes to ~~question~~Question 11a, provide details, including the date on which you took the action(s) described, the name of the person or entity to whom you directed any report or complaint, and contact information for the person or entity, if known, and the complete case name, case number; and forum of any legal action you have taken.

Question 12: Provide any additional information you think may be relevant.

**Section E: Whistleblower Eligibility Requirements ~~And~~ Other Information**

Question 1: State whether you are currently, or were at the time that you acquired the original information that you are submitting to the ~~Commission~~CFTC, a member, officer or employee of ~~the Department of Justice, the Commodity Futures Trading Commission, the Comptroller of the Currency;~~ the CFTC; the Board of Governors of the Federal Reserve System; ~~the Office of the Comptroller of the Currency; the Board of Directors of the Federal Deposit Insurance Corporation;~~ the Director of the Office of Thrift Supervision; ~~the~~ National Credit Union Administration; ~~Board~~; the Securities and Exchange Commission; ~~the Department of Justice~~; a registered entity; ~~a registered futures association;~~ a self-regulatory organization; a law enforcement organization; or ~~any~~ foreign regulatory authority or law enforcement organization.

Question 2:- State whether you are providing the information pursuant to a cooperation agreement with the ~~Commission~~CFTC or with another agency or organization.

Question 3: State whether you are providing this information before you (or anyone representing you) received any request, inquiry or demand that relates to the subject matter of this submission (i) from the ~~Commission~~CFTC, (ii) in connection with an investigation, inspection or examination by any registered entity, registered futures association or self-regulatory organization, or (iii) in connection with an investigation by the Congress, or any other federal or state authority.

Question 4: State whether you are currently a subject or target of a criminal investigation, or whether you have been convicted of a criminal violation, in connection with the information you are submitting to the ~~Commission~~CFTC.

Question 5: ~~State whether you are currently, or were at the time that you acquired the original information that you are submitting to the Commission, a member, officer or employee of a foreign regulatory authority or law enforcement organization.~~

~~Question 6:~~ State whether you acquired the information you are providing to the ~~Commission~~CFTC from any individual described in Questions 1 through 54 of this ~~Section~~section.

Question 7: ~~Use this space6: If you answered yes to any of Questions 1 through 5, please provide additional details relating to your responses to questions 1 through 6 of this Section.~~

**SECTION F: Whistleblower’s Declaration.**

You must sign this Declaration if you are submitting this information pursuant to the ~~Commodity Futures Trading Commission~~CFTC whistleblower program and wish to be considered for an award. If you are submitting your information using the electronic version of Form TCR through the ~~Commission’s~~CFTC’s web portal, you must check the box to agree with the declaration. If you are submitting your information anonymously, you must still sign this Declaration (using the term “anonymous”) or check the box as appropriate, and if you are represented by an attorney, you must provide your attorney with the original of this signed form, or maintain a copy for your own records. If you are not submitting your information pursuant to the ~~Commodity Futures Trading Commission~~CFTC whistleblower program, you do not need to sign this Declaration or check the box.

**SECTION G: Counsel Certification**

If you are submitting this information pursuant to the ~~Commodity Futures Trading Commission~~CFTC whistleblower program and you are doing so anonymously through an attorney, your attorney must sign the Counsel Certification ~~section~~Section. If your attorney is submitting your information using the electronic version of Form TCR through the ~~Commission’s~~CFTC’s web portal, he/she must check the box to agree with the certification. If you are represented in this matter but you are not submitting your information pursuant to the ~~Commodity Futures Trading Commission~~CFTC whistleblower program, your attorney does not need to sign this Certification or check the box.

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