



Michael Watson
SECRETARY OF STATE

Secretary of State
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ATHLETE AGENT COMPLAINT FORM

DIRECTIONS: This form is to be completed by any individual wishing to file a formal complaint against an athlete agent pursuant to the Mississippi Uniform Athlete Agents Act, Miss. Code Ann. § 73-42-1, et seq. This includes, but is not limited to, student-athletes, university representatives, or any other concerned parties.

The information you provide on this form is valuable to the Agency's investigation of your complaint. Please furnish specific and detailed information, answer all questions that are applicable, and be clear and concise in your answers. Failure to provide complete information may delay the processing of your complaint

SECTION 1: COMPLAINANT INFORMATION

Complainant Name: _____

☐ Student-Athlete ☐ University Representative ☐ Other

University Name (if applicable): _____

Athletic Department Contact (if applicable): _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Phone Number: _____

Email Address: _____

SECTION 2: AGENT INFORMATION

Agent Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____ Agent Registration No. (if known): _____

Phone Number: _____ Email Address: _____

SECTION 3: BASIS OF COMPLAINT

Please check all that apply:

- ☐ Agent contacted student-athlete without required registration
- ☐ Agent provided false or misleading information
- ☐ Agent failed to provide required disclosures in contract
- ☐ Agent failed to notify university prior to signing
- ☐ Agent offered or provided improper inducements or gifts
- ☐ Agent used fraud, coercion, or undue influence
- ☐ Other (please specify): _____

SECTION 4: ADDITIONAL INFORMATION

Date the Agent first contacted the student-athlete: _____

Date the student obtained “student-athlete” status: _____

Please provide a detailed description of the events or conduct leading to this complaint. Include names, dates, communications, and any relevant documentation. (Attach additional pages if necessary.)

SECTION 5: SUPPORTING DOCUMENTS

Please list and attach any supporting documents (emails, text messages, contracts, witness statements, etc.):

- 1.
- 2.
- 3.
- 4.
- 5.

SECTION 6: SIGNATURE AND AFFIRMATION

I affirm that the information provided in this complaint is true and accurate to the best of my knowledge. I understand that this complaint may be used as the basis for administrative or legal proceedings under the Mississippi Uniform Athlete Agents Act.

Signature: _____

Date: _____

Printed Name: _____

SUBMIT COMPLETED FORM TO:

*Mississippi Secretary of State
Regulation and Enforcement Division
P.O. Box 136, Jackson, MS 39205*