Wisconsin Department of Agriculture, Trade and Consumer Protection Trade and Consumer Protection Division

UNFAIR SALES ACT COMPLAINT QUESTIONNAIRE

Mail To: Kevin LeRoy

DATCP

Trade Practices Section

PO Box 8911 Phone (608) 224-4925 Madison WI 53708-8911 Fax (608) 224-4937



THIS COMPLAINT MUST INCLUDE AN ADVERTISEMENT, RECEIPTED PURCHASE, A COPY OF A COUPON, OR COPIES OF PRICE SURVEYS.								
	·		-					
YOUR NAME		YOUR BUSINESS NAME						
ADDRESS		CITY		STATE	ZIP		PHONE	
BUSINESS NAME OF A	ALLEGED VIOLAT	OR			COU	NTY		
ADDRESS		CITY		STATE	ZIP		PHONE	
PRODUCT	PRODUCT ADVERTISED		PRICE LOWEST AVAIL		BLE COST		DATES OFFERED	
If Advertised: (Please enclose a copy of advertisement)								
(1) Name of Publication					(2) Date of Publication			
The information you provide may be used in efforts to resolve the problem and/or to enforce applicable laws and may also be shared with the party complained against. Under Wisconsin's Open Records Law, complaints are available for review on request from a member of the public after agency action is completed.								
on request from a memi	ber of the public at	ter agency	action is completed.					
The information I have give	en is true accurate	and complet	e to the hest of my know	ledge				
The information I have given is true, accurate, and complete to the best of my knowledge SIGNATURE					DATE			