



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

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# DOOR-TO-DOOR SOLICITATION

Wisconsin Admin. Code ch. ATCP 127, subch. IV contains administrative rules applicable to face-to-face communications that a consumer receives at a place other than the seller's regular place of business as part of the seller's plan to sell consumer goods or services, such as communications received at home from a door-to-door salesperson. Those rules were promulgated under authority of Wis. Stat. § 100.20(2). DATCP is responsible for administering and enforcing those laws. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24).

## 1. HOW DO WE CONTACT YOU?

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME PHONE ( ) -	WORK PHONE ( ) -		EXT.	CELL PHONE ( ) -
Contact me between 8:00 A.M. and 4:00 P.M. at:		<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<input type="checkbox"/> CELL
		<input type="checkbox"/> EMAIL		
ADDRESS STREET (Provide business address when filing on behalf of a business)		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY

## 2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

NAME OF BUSINESS		BUSINESS EMAIL		BUSINESS WEBSITE	
ADDRESS STREET		SUITE #		PO BOX	
CITY		STATE	ZIP	COUNTY	
NAME OF PERSON YOU TALKED TO		TITLE		PHONE ( ) -	

## INFORMATION ABOUT YOUR COMPLAINT

3. Which of the following best describes your first contact with the business: (Check one)

<input type="checkbox"/> Internet	<input type="checkbox"/> Person from business came to my home	<input type="checkbox"/> I went to the business
<input type="checkbox"/> Email	<input type="checkbox"/> Person from business called me	<input type="checkbox"/> I telephoned the business
<input type="checkbox"/> I responded to a radio or TV ad	<input type="checkbox"/> Business sent me information in the mail	<input type="checkbox"/> Other
<input type="checkbox"/> I responded to a printed advertisement	<input type="checkbox"/> I attended a convention or trade show	

4. When did your first contact with the business occur? Month: Day: Year:

5. How old is the person who had contact with the business? (Check one)  0-17  18-61  62 or older

6. What product or service was being sold? (Please be specific)

7. Did the company representative disclose their name, the name of the company they represented, the identity of the goods or services offered, and, tell you why they were there? Please specify what was told to you and what was provided to you in writing.

8. Did the representative tell you how long the sales presentation would take? (Please specify.)

9. How long did the actual sales presentation take?

10. Did you ask the salesperson to leave your home? (Check one)  No  Yes If yes, what did the sales person do?

11. Did you sign a contract/agreement?  No  Yes If yes, contract/agreement number:

12. Where were you when you signed the contract/agreement? Date signed:

13. Were you provided with a 3-Day Right to Cancel Notice? (Check one)  No  Yes

14. Were you given a copy of the contract/agreement? (Check one)  No  Yes If yes, when \_\_\_\_\_

15. Were the written terms the same as those represented? (Check one)  No  Yes If not, how were they different? \_\_\_\_\_

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16. What product or service did you buy? (Please be specific) \_\_\_\_\_

17. Have you received the product? (Check one)  No  Yes If yes, when \_\_\_\_\_

18. Was it delivered as represented at the sale? (Check one)  No  Yes If no, what was misrepresented? \_\_\_\_\_

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19. Amount paid \$ \_\_\_\_\_

Payment type (Check one)  Cash  Check  Credit card  Financed  Money transfer  Other plan \_\_\_\_\_

20. Name of sales person \_\_\_\_\_

21. Where did you pay the business? (Check one)

Internet  By mail  At the company's place of business  Away from company's place of business

At my home  By telephone with credit/debit card  At a convention or trade show

22. Did you contact the business about your complaint? (Check one)  No  Yes If yes, date \_\_\_\_\_

What happened? \_\_\_\_\_

23. Have you filed this complaint with another agency? (Check one)  No  Yes Agency name \_\_\_\_\_

What happened? \_\_\_\_\_

24. Have you contacted a private attorney? (Check one)  No  Yes

25. Have you started court action? (Check one)  No  Yes

26. Please explain the sales presentation to the best of your recollection. (Attach additional sheets if necessary.) \_\_\_\_\_

27. How do you feel your complaint should be resolved? (Please be specific)

\_\_\_\_\_

How did you hear about us/find us?  Presentation  Newspaper/Radio/TV  Referral (BBB, Legal Action, etc)  Internet  Other

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.

In compliance with Wis. Stat. § 15.04(1)(m), the following notice is provided: This form is authorized by Wis. Stat. § 93.07(2). Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.37, and therefore might be released in response to a public records request. In responding to a public records request, the Department will maintain the confidentiality of personally identifiable information provided in this form to the extent permitted by law.

**All the information that I have provided in this form is true and accurate to the best of my knowledge.**

YOUR SIGNATURE

PRINT NAME

DATE

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, emails, text messages.

**MAIL this form and copies of your papers to: OR EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:**

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