



# Wisconsin Department of Agriculture, Trade and Consumer Protection

## Bureau of Consumer Protection

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# CONSUMER COMPLAINT

DATCP is responsible for administering and enforcing a variety of consumer protection laws, including statutes and administrative rules. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24); see also Wis. Stat. ch. 100.

## 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		APT. #	PO BOX	
CITY		STATE	ZIP	COUNTY

## 2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

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

## 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"/> 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. Your age or age of person who spoke to business? Age:(Check one) ☐ 0-17 ☐ 18-61 ☐ 62 or older

### 6. What product or service did you buy?

(Please be specific)

### 7. Was the item advertised? (Check one) ☐ No ☐ Yes If yes, date: Where?

### 8. Did you sign a contract/agreement? (Check one) ☐ No ☐ Yes If yes, contract/agreement number:

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

### 10. Amount paid \$

Payment type (Check one) ☐ Cash ☐ Check ☐ Credit card ☐ Financed ☐ Money transfer ☐ Other

### 11. Where did you pay the business: (Check one)

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Internet   | <input type="checkbox"/> By mail                          | <input type="checkbox"/> At the company's place of business    | <input type="checkbox"/> At a convention or trade show |
| <input type="checkbox"/> At my home | <input type="checkbox"/> Telephone with credit/debit card | <input type="checkbox"/> Away from company's place of business |  |

### 12. Did you contact the business about your complaint? (Check one) ☐ No ☐ Yes If yes, date:

What happened?

### 13. Have you filed this complaint with another agency? (Check one) ☐ No ☐ Yes Agency name:

What happened?

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

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

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16. Describe your complaint in detail.

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

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

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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. §§ 93.06(1)(a)* and *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

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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, lease documents, telephone bills.

**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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