



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison WI 53708-8911

Phone: (800) 422-7128 FAX: (608) 224-4677 TDD: (608) 224-5058

Email: DATCPHotline@wisconsin.gov Website: datep.wi.gov

PRODUCT SAFETY

Wisconsin Admin. Code ch. 139 contains administrative rules concerning consumer product safety. Those rules were promulgated under authority of Wis. Stat. §§ 93.07(1), 100.20(2), 100.37(2), and 100.42(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. NAME AND ADDRESS OF VICTIM IF DIFFERENT FROM ABOVE:

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

YOUR RELATIONSHIP TO VICTIM

INFORMATION ABOUT YOUR COMPLAINT

3. Victim's age	Gender	Date of incident
4. Product name or describe product involved		
5. Product model	Serial number	Do you still have the product? <input type="checkbox"/> No <input type="checkbox"/> Yes
6. Brand name/Manufacturer		
ADDRESS STREET	SUITE #	PO BOX
CITY	STATE	ZIP
BUSINESS EMAIL		BUSINESS WEBSITE
7. Manufacturer's contact person		Title
8. Manufacturer's phone () -		Email
9. Where was the product purchased?		Date of purchase?
10. Do you have a receipt? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, please provide a copy.
11. Contact person at place of purchase		Phone () -
12. Amount paid \$		
Payment type (Check one) <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Financed <input type="checkbox"/> Money transfer <input type="checkbox"/> Other plan		
13. Did you contact the business about your complaint? (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, date		

What happened?

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

What happened?

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

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

17. Describe the incident or hazard in detail and include a description of any injuries.

18. Did the injury require medical treatment? ☐ No ☐ Yes If yes, please describe:

19. 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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