



Wisconsin Department of Agriculture, Trade and Consumer Protection

Bureau of Consumer Protection

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TELECOMMUNICATIONS

Wisconsin Admin. Code ch. ATCP 123 contains administrative rules concerning electronic communications services. The rules in subch. II of ch. ATCP 123 were promulgated under authority of Wis. Stat. §§ 100.20(2) and 100.207(6)(e). DATCP is responsible for administering and enforcing those rules. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24). The rules in subch. III of ch. ATCP 123 merely interpret Wis. Stat. § 66.0420(8). Those rules were promulgated under authority of Wis. Stat. § 66.0420(13).

1. HOW DO WE CONTACT YOU?

FIRST NAME	MIDDLE INITIAL	LAST NAME
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PROVIDE BUSINESS NAME, IF YOU ARE FILING ON BEHALF OF A BUSINESS

HOME PHONE () -	WORK PHONE () -	EXT.	CELL PHONE () -
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Contact me between 8:00 A.M. and 4:00 P.M. at: HOME WORK CELL EMAIL

ADDRESS STREET (Provide business address when filing on behalf of a business)	APT. #	PO BOX
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CITY	STATE	ZIP	COUNTY
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All business telephone lines affected by complaint:

2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

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

3. Your complaint is about: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Cellular phone service | <input type="checkbox"/> Pay telephone service | <input type="checkbox"/> Internet service provider |
| <input type="checkbox"/> Long distance phone service | <input type="checkbox"/> Unsolicited facsimile | <input type="checkbox"/> Calling card |
| <input type="checkbox"/> Internet web page provider | <input type="checkbox"/> Dial-around service (e.g. 10-10-XXX) | <input type="checkbox"/> Cable television |
| <input type="checkbox"/> 900 # (Pay-per-call) | <input type="checkbox"/> Local phone service | <input type="checkbox"/> Satellite TV service |
| <input type="checkbox"/> Other, please explain: | | |

4. 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 | |

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

6. Your age or age of person who spoke to business? (Check one) 0-17 18-61 62 or older

7. What product or service did you buy? (Please be specific)

8. How much were you charged? \$

9. Was the item advertised? (Check one) No Yes **Where:**

10. Were you billed for a service or product you did not order (unauthorized charges)? (Check one) No Yes

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

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

13. Amount paid: \$ by:(Check one) Cash Check Credit card Financed Money transfer Other plan

14. How were you billed for the service/product? (Check one) Credit card Telephone bill Directly from business

15. Were you notified of additional fees at time of signup? (Check one) No Yes

Activation fees: (Check one) No Yes If no, fee on bill \$

Cancellation fees: (Check one) No Yes If no, fee on bill \$

Installation fees: (Check one) No Yes If no, fee on bill \$

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

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

At my home At the company's place of business

By mail Away from company's place of business

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

What happened?

18. Have you filed this complaint with another agency? (Check one) No Yes If yes, Agency name:

What happened?

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

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

21. Describe your complaint in detail. Be specific about any oral statements the business made to you, especially those which influenced you to deal with the company. Include the current status of your complaint e.g., "still receiving unauthorized charges", "long distance service has been switched back to original company", "still being billed for unordered/canceled cable service", etc. Attach additional sheets if necessary.

22. 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

In order for us to proceed with your complaint, you must send a copy of any written contract, mail solicitations, letters and billing which are involved. If you were billed on your telephone or cable bill, **include all pages of the bill.**

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 his 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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