



# Department of Agriculture, Trade and Consumer Protection

## Door-to-Door Solicitation

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

### 1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) \_\_\_\_\_  
(circle one) (first) (middle) (last)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

### 2. What business is your complaint against?

Name of business: \_\_\_\_\_

Address: \_\_\_\_\_ Ste. # \_\_\_\_\_ PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Name of person you talked to: \_\_\_\_\_ Title: \_\_\_\_\_

### Information about your complaint

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

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

Other: \_\_\_\_\_

4. When did the first contact occur? month: \_\_\_\_\_ day: \_\_\_\_\_ year: \_\_\_\_\_

5. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Did the representative tell you how long the sales presentation would take? Please specify.

\_\_\_\_\_  
\_\_\_\_\_

7. How long did the actual sales presentation take? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

9. How old are you or the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

IMPORTANT: More questions on the back page (over)

10. Did you sign a contract? *(circle one)* No Yes If yes, date: \_\_\_\_\_ Contract number: \_\_\_\_\_  
 If yes, where were you when you signed the contract? \_\_\_\_\_
11. Were you provided with a 3-Day Right to Cancel Notice? *(circle one)* No Yes
12. Were you given copies of the contract? *(circle one)* No Yes If yes, when: \_\_\_\_\_ (Enclose a copy.)
13. What product or service did you buy? *(please specify)* \_\_\_\_\_
14. Have you received the product? *(circle one)* No Yes If yes, when: \_\_\_\_\_
15. Was it delivered as represented at the sale? *(circle one)* No Yes If no, what was misrepresented: \_\_\_\_\_

16. Amount paid: \$ \_\_\_\_\_ by: *(circle one)* cash check credit card debt card financed other plan

17. Name of sales person? \_\_\_\_\_

18. Did you contact the business about your complaint? *(circle one)* No Yes If yes, when: \_\_\_\_\_  
 If yes, what happened? \_\_\_\_\_

19. Please explain the sales presentation to the best of your recollection: (Attach additional sheets if necessary.)

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20. How do you feel your complaint should be resolved? *(please specify)* \_\_\_\_\_

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This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION  
 2811 Agriculture Drive  
 PO Box 8911  
 Madison WI 53708-8911  
 Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov  
 (608) 224-4976  
 FAX: (608) 224-4939  
 TDD: (608) 224-5058  
 WEBSITE: www.datcp.state.wi.us