



Department of Agriculture, Trade and Consumer Protection

Telecommunications Complaint

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, lease documents, telephone bills.

1. How do we contact you?

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

Provide business name, if you are filing on behalf of a business:

Address: (Provide business address when filing on behalf of a business.) Apt.#: PO Box:

City: State: Zip: County:

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

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

All business telephone lines affected by complaint:

2. What business is your complaint against?

Name of business:

Address: Ste.#: PO Box:

City: State: Zip: County:

Name of person you talked to: Title:

Information about your complaint

3. Your complaint is about: (check one or more)

- Cellular phone service, Long distance telephone service, Internet web page provider, 900 # (Pay-per-call), Pay telephone service, Unsolicited facsimile, Other, please explain: Dial-around service (e.g. 10-10-XXX), Local phone service, Internet service provider, Calling card, Cable television, Cable/satellite TV service

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

- Person from business came to my home, Business (circle one) phoned/faxed/e-mailed me, Business sent me information in the mail, I responded to a printed advertisement, Internet/Web search, I went to the business, I telephoned the business, I responded to a radio or TV ad

5. When did the first contact occur? month: day: year:

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

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

8. What product or service did you buy or receive? (please be specific)

9. Was it advertised? (circle one) No Yes Date: Where:

10. Did you sign a contract? (circle one) No Yes Date: Number on contract, policy, or receipt

11. If yes, where were you when you signed the contract (e.g., at home, place of business)?

12. Amount you paid: \$ by: (circle one) cash check credit card financed other plan

13. How were you billed for the service/product? (circle one) credit card telephone bill directly from business

14. Where did you pay the business: (check one)

- Over the internet by credit/debit/PayPal
- Over the telephone by credit/debit card
- By mail

- At the company's place of business
- At a convention or trade show
- At my home

15. Did you contact the business about your complaint? Yes No

When? _____ What happened?

16. Have you filed this complaint with another agency or your phone company? Yes No

Agency name? _____ What happened?

17. Have you contacted a private attorney? Yes No

Have you started court action? Yes No

18. 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 unorderd/cancelled cable service", etc. Attach additional sheets if necessary.

19. How do you feel your complaint should be resolved? (please be specific) _____

In order for us to proceed with your complaint, you must send us two photocopies 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.

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