



Door-to-Door Solicitation

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.

1. How do we contact you?

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

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

Contact 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: _____

Business email: _____ Business website: _____

Information about your complaint

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

- Internet Person from business came to my home I went to the business
- Email Person from business called me I telephoned the business
- I responded to a radio or TV ad Business sent me information in the mail
- I responded to a printed advertisement I attended a convention or trade show

Other: _____

4. When did your first contact with the business occur? month: _____ day: _____ year: _____

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

6. What product or service was being sold? (please be specific) _____

7. 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 and what was provided to you in writing.

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

9. How long did the actual sales presentation take? _____

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

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

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

13. Were you provided with a 3-Day Right to Cancel Notice? (circle one) No Yes

14. Were you given a copy of the contract/agreement? (circle one) No Yes If yes, when: _____ (Enclose a copy.)

15. Were the written terms the same as those represented? (circle one) No Yes If not, how were they different?

16. What product or service did you buy? (please specify) _____

17. Have you received the product? (circle one) No Yes If yes, when: _____

18. Was it delivered as represented at the sale? (circle one) No Yes If no, what was misrepresented: _____

19. Amount paid: \$ _____ by: (circle one) cash check credit card financed money transfer other plan

20. Name of sales person: _____

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

- Internet By mail By telephone with credit/debit card Away from company's place of business
- At my home At the company's place of business At a convention or trade show

22. Did you contact the business about your complaint? (circle one) No Yes If yes, date? _____

What happened? _____

23. Have you filed this complaint with another agency? (circle one) No Yes Agency name: _____

What happened? _____

24. Have you contacted a private attorney? (circle one) Yes No

25. Have you started court action? (circle one) Yes No

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

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

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. Under Wisconsin's Open Records Law, Wis. Stat. § 19.31, this complaint will be available for public review upon request. The department will maintain the confidentiality of personally identifiable information to the extent permitted by law.

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

Your signature: _____ Date: _____

Return this form and copies of your papers to:

BUREAU of CONSUMER PROTECTION
 2811 Agriculture Drive
 PO Box 8911
 Madison WI 53708-8911

EMAIL: DATCPHotline@wi.gov
 WEBSITE: datcp.wi.gov

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