



# Home Improvement

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.

### 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: \_\_\_\_\_

Improvement property address: \_\_\_\_\_ Apt.# \_\_\_\_\_

Improvement property 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

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

5. Did you sign a contract? (circle one) No Yes Date: \_\_\_\_\_ Total: \$ \_\_\_\_\_

6. What type of property repair/improvement was performed:  residential  business  new home construction

7. Was the improvement advertised? (circle one) No Yes

8. Did the contractor:
- Inform you of your right to written lien waivers? ..... Yes  No
  - Provide you with any written lien waivers? ..... Yes  No
  - Substitute products or materials without your consent? ..... Yes  No
  - Furnish written guarantees or warranties? ..... Yes  No
  - Misrepresent the total completion price? ..... Yes  No
  - Claim credit for a competitor's work? ..... Yes  No
  - Falsely claim to be a member of another firm? ..... Yes  No
  - Fail to disclose that another firm would perform work? ..... Yes  No
  - Perform the work in a satisfactory manner? ..... Yes  No

IMPORTANT: More questions on the back page (over)

9. Amount of initial down payment paid before the entire job was done? \$ \_\_\_\_\_

10. On what date was the work started? \_\_\_\_\_ Completed? \_\_\_\_\_

11. How much work was done? (circle one) None/Some/Most/All When was work supposed to be completed? \_\_\_\_\_

12. Did the contractor notify you of any reasons for delays? (circle one) No Yes Reason: \_\_\_\_\_

13. Has a lien claim been filed against your property? (circle one) No Yes When? \_\_\_\_\_

14. Are the products, materials or workmanship still under warranty? (circle one) Yes No

15. What steps have you taken to solve this dispute? \_\_\_\_\_ Hired attorney: Name: \_\_\_\_\_  
 Sent a certified letter to the builder  
 Complained to the local building inspector Phone #: ( ) \_\_\_\_\_  
 Filed a report with police/sheriff  
 Started a suit in small claims court, case #: \_\_\_\_\_

16. If the contractor has not completed work, have you tried to cancel your contract? (circle one) Yes No

17. Did you send a written cancellation notice? (circle one) Yes No

18. Describe your complaint in detail. Attach additional sheets if necessary. (Include copies of any proposals, contracts, canceled checks and other papers involved.)

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

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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