



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Trade and Consumer Protection

Bureau of Business Trade Practices

2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911

Phone: (800) 422-7128 TTY: Dial 711 or (800) 947-3529 before calling DATCP

PRICE GOUGING DURING AN EMERGENCY COMPLAINT FORM

Wisconsin Stat. § 15.04(1)(m) notice: This form is authorized by Wis. Stat. § 93.07(2). Completing this form is voluntary. This form is subject to Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information provided in this form 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 this form to the extent permitted by law. DATCP is responsible for administering and enforcing a variety of consumer protection laws, including statutes and administrative rules. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24); see also Wis. Stat. ch. 100.

Wis. Stat § 100.305 and Wis. Admin Code Ch. ATCP 106

INSTRUCTIONS

Please use this form to file a complaint of suspected Price Gouging During an Emergency, related to an Executive Order declaring a Period of Abnormal Economic Disruption. Please fill out as much of the requested information as possible to assist in the processing of your complaint. If there is insufficient information we may not be able to process your complaint. If you do not include contact information, we will not be able to contact you if we have questions.

Please attach copies of receipts or advertisements or any other information that supports your complaint.

This complaint and the information you provide may be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Public Records Law, this complaint will be available for public review upon request.

INFORMATION ABOUT THE PRODUCT AND PRICE

PRODUCT NAME:		PRODUCT DESCRIPTION: (size, count, etc.)	
DATE PRICE WAS OBSERVED:		NEW PRICE:	PREVIOUS PRICE:

INFORMATION ABOUT THE SELLER

NAME OF SELLER:			
MAILING ADDRESS:		CITY:	STATE: ZIP:
PHONE: () -	EMAIL:	WEBSITE:	

INFORMATION ABOUT THE COMPLAINANT

FIRST NAME:		LAST NAME:		BUSINESS NAME: (if applicable)	
MAILING ADDRESS:		CITY:	STATE:	ZIP:	
PHONE: () -	EMAIL:				

SIGNATURE

By submitting this complaint form to DATCP, I provide my written consent for the business to send DATCP responses and records containing my personally identifiable information (such as my name, phone number, residential address, and email address) and all account details connected with this complaint. The information provided will be used to assist the agency in resolving my complaint, which may include referring my complaint to another state agency if appropriate. The above information is true and accurate to the best of my knowledge.

YOUR SIGNATURE:

DATE:

Once the form is complete, please deliver it to the Bureau of Business Trade Practices in any of the following ways:

MAIL this form and copies of your papers to: OR

Bureau of Business Trade Practices
2811 Agriculture Drive
PO Box 8911
Madison, WI 53708-8911

EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:

datcpusacomplaints@wisconsin.gov

FAX this form: (608) 224-4937