



Product Safety

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. Name and address of victim if different from above:

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: _____

Your relationship to victim: _____

Information about your complaint

3. Victim's age: _____ Gender: _____ Date of incident: _____

4. Product name or describe product involved: _____

5. Product model: _____ Serial number: _____ Do you still have the product? Yes No

6. Brand name/Manufacturer: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Business email: _____ Business website: _____

7. Manufacturer contact person: _____ Title: _____

8. Manufacturer's phone: () _____ Fax: () _____

9. Where was the product purchased? _____ Date of purchase: _____

10. Do you have a receipt? No Yes If yes, please provide a copy.

11. Contact person at place of purchase: _____ Phone: () _____

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

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

What happened? _____

IMPORTANT: More questions on the back page (over)

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

What happened? _____

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

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

17. Describe the incident or hazard in detail and include a description of any injuries. _____

18. Did the injury require medical treatment? ___ No ___ Yes If yes, please describe: _____

19. 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