



# 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 and include a description of any injuries. \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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