



Telemarketing/No Call

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 () _____

Provide business name, if you are filing on behalf of a business: _____

Contact me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____
(Provide business address when filing on behalf of a business.)

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

2. What telemarketer is your complaint against?

Name of telemarketing firm: _____

Address: _____ Ste.# _____ PO Box: _____

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

Name of company telemarketer was soliciting for: _____

Phone number appearing on Caller ID (if available): _____

Any other numbers provided by telemarketer: _____

Name of person you talked to: _____ Title: _____

Manager's name (if available): _____

Business email: _____ Business website: _____

Information about your complaint

3. Did you receive a phone call or text message? phone call text message

4. Date of call/text: _____ Time: _____:_____ a.m. p.m. Length of call in minutes: _____

5. Your age or age of person who spoke to telemarketer? Age: (circle one) 0-17 18-61 62 or older

6. What product, service, prize or contest was offered? _____

7. Telemarketer said they got your number from? _____

8. Please answer the following questions:

What number was called by the telemarketer? () _____ Home Cell Work Business

At the time of the call/text, was this phone number registered on Wisconsin's No Call Registry? yes no

Did you tell the telemarketer your phone number is on Wisconsin's No Call Registry? yes no

What did the telemarketer say? _____

Was the telemarketer seeking a donation for a charitable cause? yes no

What or who was it for? _____

Was the phone number or message saved on Caller ID, a message machine or another service? yes no

Was caller identification blocked by the telemarketer? yes no

Did you previously buy goods or services from the company? yes no

When and what did you buy? _____

Did the telemarketer use threatening, intimidating or profane language? yes no

Was the telemarketing message a recording i.e., no "live" person greeted you? yes no

Has the telemarketer or company called before and did you tell them not to call back? yes no

What date was this? _____

Did the telemarketer identify her/himself? yes no

Did the telemarketer identify the company they were representing? yes no

Were you asked if you wanted to listen to a sales pitch? yes no

Did the telemarketer explain the purpose of the call? yes no

Did the telemarketer clearly and simply describe what they were selling? yes no

Did the telemarketer immediately end the call if you said you were not interested? yes no

9. Did the telemarketer mail any follow-up information to you? yes no If yes, please attach to complaint.

10. Would you be willing to testify in court regarding this complaint if needed? yes no

11. May we contact your telecommunications carrier to obtain any records related to this call? yes no

12. Describe your complaint in detail. _____

13. 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