



Telecommunications

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)

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

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: _____
(Provide business address when filing on behalf of a business.)

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

All business telephone lines affected by complaint: _____

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. Your complaint is about: (check one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Cellular phone service | <input type="checkbox"/> Pay telephone service | <input type="checkbox"/> Internet service provider |
| <input type="checkbox"/> Long distance phone service | <input type="checkbox"/> Unsolicited facsimile | <input type="checkbox"/> Calling card |
| <input type="checkbox"/> Internet web page provider | <input type="checkbox"/> Dial-around service (e.g. 10-10-XXX) | <input type="checkbox"/> Cable television |
| <input type="checkbox"/> 900 # (Pay-per-call) | <input type="checkbox"/> Local phone service | <input type="checkbox"/> Satellite TV service |
| <input type="checkbox"/> Other, please explain: _____ | | |

4. Which of the following best describes your first contact with the business: (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I went to the business |
| <input type="checkbox"/> Email | <input type="checkbox"/> Person from business called me | <input type="checkbox"/> I telephoned the business |
| <input type="checkbox"/> I responded to a radio or TV ad | <input type="checkbox"/> Business sent me information in the mail | |
| <input type="checkbox"/> I responded to a printed advertisement | <input type="checkbox"/> I attended a convention or trade show | |

5. When did your first contact with the business occur? month: _____ day: _____ year: _____

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

7. What product or service did you buy? (please be specific) _____

8. Were you billed for a service or product you did not order (unauthorized charges)? (circle one) No Yes

9. How much were you charged? \$ _____

10. Was the item advertised? (circle one) No Yes Date: _____ Where: _____

11. Did you sign a contract/agreement? (circle one) No Yes If yes, contract/agreement number: _____

12. Where were you when you signed the contract/agreement? _____ Date signed: _____

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

14. How were you billed for the service/product? (circle one) credit card telephone bill directly from business

15. Were you notified of additional fees at time of sign-up? Activation fees: Yes No If no, fee on bill \$ _____
(circle one)

Cancellation fees: Yes No If no, fee on bill \$ _____ Installation fees: Yes No If no, fee on bill \$ _____
(circle one) (circle one)

16. Where did you pay the business: (check one)
 Internet By mail By telephone with credit/debit card Away from company's place of business
 At my home At the company's place of business At a convention or trade show

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

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

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

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

21. Describe your complaint in detail. Be specific about any oral statements the business made to you, especially those which influenced you to deal with the company. Include the current status of your complaint e.g., "still receiving unauthorized charges", "long distance service has been switched back to original company", "still being billed for unordered/cancelled cable service", etc. Attach additional sheets if necessary.

22. How do you feel your complaint should be resolved? (please be specific) _____

In order for us to proceed with your complaint, you must send us two photocopies of any written contract, mail solicitations, letters and billing which are involved. If you were billed on your telephone or cable bill, include all pages of the bill.

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 (800) 422-7128
2811 Agriculture Drive EMAIL: DATCPHotline@wi.gov FAX: (608) 224-4677
PO Box 8911 WEBSITE: datcp.wi.gov TDD: (608) 224-5058
Madison WI 53708-8911