



UNFAIR SALES ACT COMPLAINT FORM

Mail To: **DATCP**
 Trade Practices Section
 PO Box 8911
 Madison, WI 53708-8911

Phone (608) 224-4925
 FAX (608) 224-4937
 EMAIL: datcpusacomplaints@wi.gov

YOUR NAME		YOUR BUSINESS NAME		EMAIL ADDRESS	
ADDRESS		CITY	STATE	ZIP	PHONE

BUSINESS NAME OF ALLEGED VIOLATOR					
ADDRESS		CITY	STATE	ZIP	PHONE

TYPE of PRODUCT (Select one)

- Motor Vehicle Fuel
- Alcoholic Beverages
- Cigarettes and other Tobacco Products
- Any Other Items of Merchandise

Product	Seller's Advertised Price	Date(s) Offered	Estimated Cost from Supplier

Please include documentation of the seller's price, such as a price survey, advertisement, or receipted purchase

ANY ADDITIONAL INFORMATION:

In compliance with Wis. Stat. § 15.04(1)(m), the following notice is provided: This form is authorized by Wis. Stat. §§ 93.06(1)(a) and 93.07(2). Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, Wis. Stat. §§ 19.31 to 19.37, and therefore 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 and information qualifying as a trade secret under Wis. Stat. § 134.90(1)(c) to the extent permitted by law.

The information I have given is true, accurate, and complete to the best of my knowledge

 SIGNATURE

 DATE