|  |
| --- |
| TR-TP-24.DOCX 03/2020 |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Trade and Consumer ProtectionPO Box 8911, Madison, WI 53708-8911Phone: 1-800-422-7128 |
| PRICE GOUGING DURING AN EMERGENCY COMPLAINT FORMWis. Stat § 100.305 and Wis. Admin Code Ch. ATCP 106 |
| Please use this form to file a complaint of suspected Price Gouging During an Emergency, related to Executive Order Number 72 and COVID-19. Please fill out as much of the requested information as possible to assist in the processing of your complaint. If there is insufficient information we may not be able to process your complaint. If you do not include contact information, we will not be able to contact you if we have questions. Please attach copies of receipts or advertisements or any other information that supports your complaint.This complaint and the information you provide may 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. |
| Once the form is complete, please deliver it to the Bureau of Business Trade Practices in any of the following ways: |
| Regular mail: DATCP, Bureau of Business Trade Practices, PO Box 8911, Madison WI 53708-891Email: datcpusacomplaints@wisconsin.gov Fax: (608) 224-4937 |

|  |
| --- |
| INFORMATION ABOUT THE PRODUCT AND PRICE |
| PRODUCT NAME:      | PRODUCT DESCRIPTION (size, count, etc.)      |
| DATE PRICEWAS OBSERVED: |       | NEW PRICE: |       | PREVIOUS PRICE: |       |
| INFORMATION ABOUT THE SELLER |
| NAME OF SELLER:      |
| MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |
| PHONE: (     )     -      | EMAIL:      | WEBSITE:      |
| INFORMATION ABOUT THE COMPLAINANT |
| FIRST NAME:      | LAST NAME:      | BUSINESS NAME (if applicable):      |
| MAILING ADDRESS STREET      | CITY      | STATE   | ZIP      |
| PHONE: (     )     -      | EMAIL:      |

|  |
| --- |
| **THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.** |
|       |       |
| YOUR SIGNATURE | DATE |
| \* Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stat. § 15.04(1)(m)). |