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| DTCP-BBTP-001 (rev. 06/2022) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Trade and Consumer Protection  PO Box 8911, Madison, WI 53708-8911  Phone: 1-800-422-7128 |
| PRICE GOUGING DURING AN EMERGENCY COMPLAINT FORM  Wis. 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 an Executive Order declaring a Period of Abnormal Economic Disruption. 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 Public 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 53708-891  Email: [datcpusacomplaints@wisconsin.gov](mailto:datcpusacomplaints@wisconsin.gov) Fax: (608) 224-4937 | | |

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| INFORMATION ABOUT THE PRODUCT AND PRICE | | | | | | | | | | | | | |
| PRODUCT NAME: | | | | | | | PRODUCT DESCRIPTION (size, count, etc.) | | | | | | |
| DATE PRICE WAS 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: | | | | | | | | | | | |

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| **THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.** | |
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| 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)). | | |