



Department of Agriculture, Trade and Consumer Protection

Consumer Complaint

Please attach two sets of 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 ()

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Best time:

Address: PO Box: Apt.#

City: State: Zip: County:

2. What business is your complaint against?

Name of business:

Address: PO Box: Apt.#

City: State: Zip: County:

Name of person you talked to: Title:

Information about your complaint

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

- Person from business came to my home, I went to the business, Internet, Person from business called me, I telephoned the business, Email, Business sent me information in the mail, I responded to a radio or TV ad, I attended a convention or trade show, I responded to a printed advertisement

4. When did the first contact occur? month: day: year:

5. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

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

7. Was it advertised? (circle one) No Yes Date: Where:

8. Did you sign a contract? (circle one) No Yes Date: Number on contract, policy or receipt

9. If yes, where were you when you signed the contract?

10. Amount paid: \$ by: (circle one) cash check credit card financed other plan

11. Where did you pay the business: (check one)

- At my home, At the company's place of business, Internet, Over the telephone by credit card, At a convention or trade show, By mail, In someone else's home

12. Did you contact the business about your complaint? Yes No When? What happened?

13. Have you filed this complaint with another agency? Yes No Agency name? What happened?

14. Have you contacted a private attorney? Yes No Have you started court action? Yes No

15. Describe your complaint in detail. _____

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

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 two copies of your papers to our office located nearest to the business:

NORTHWEST REGIONAL OFFICE 3610 Oakwood Hills Pkwy Eau Claire WI 54701 FAX: (715) 839-1645	SOUTHEAST REGIONAL OFFICE 10930 W Potter Rd Ste C Milwaukee WI 53226-3450 (414) 266-1231 FAX: (414) 266-1235	NORTHEAST REGIONAL OFFICE 200 N Jefferson St Ste 146A Green Bay WI 54301 (920) 448-5110 FAX: (920) 448-5118	CONSUMER INFORMATION CENTER 2811 Agriculture Dr PO Box 8911 Madison WI 53708-8911 (608) 224-4976 FAX: (608) 224-4939
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If the business is located outside of Wisconsin return this form to our Consumer Information Center.

Toll free in WI: (800) 422-7128

FAX: (608) 224-4939
TDD: (608) 224-5058
EMAIL: DATCPHotline@Wisconsin.gov
WEBSITE: www.datcp.state.wi.us