



Consumer Complaint

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Address: _____ PO Box: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ ext. _____ or _____ ext. _____

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

2. What business is your complaint against?

Name of business: _____

Address: _____ PO Box: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone: _____ 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
- Person from business called me
- Business sent me information in the mail
- I attended a convention or trade show
- I went to the business
- I telephoned the business
- I responded to a radio or TV ad
- 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 18-64 65 or older

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

7. Did you sign a contract? (circle one) Yes No

8. If yes, where did you sign the contract? _____

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

10. Where did you pay the business? (check one)

- At my home
- Over the telephone by credit card
- By mail
- I did not pay the business
- At the company's place of business
- At a convention or trade show
- In someone else's home

IMPORTANT. More questions on the next page (OVER)

Office Use Only.

ID#	CPLKUP	Agency 455B 455X	Person	Area of C	Area of R	How Received 30101 Phone 30102 Mail 30103 Pers Con	Age of C 370-00 18 65
-----	--------	------------------------	--------	-----------	-----------	---	--------------------------

Your signature: _____ Date: _____

**Return this form and copies of your papers to: Office of Consumer Protection, 17 West Main Street,
P.O. Box 7857, Madison, Wisconsin 53707-7857**

DJ-CP-3, Rev 1/30