

STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS

Return Form To:

Department of Financial Institutions
Bureau of Consumer Affairs
PO Box 8041
Madison, WI 53708-8041



Contact Information:

(800) 452-3328
(608) 264-7969
Fax: (608) 264-7968
dfi.wi.gov

COMPLAINT

Completion of this form is voluntary. Information requested provides statistical information for our office. This form is a public record and personally identifiable information may be shared with other State or Government agencies.

YOUR INFORMATION

Name:	Mailing Address:
Daytime Telephone Number:	Email Address:
Best way to contact me between 8:00 a.m. and 4:00 p.m. (choose one): <input type="checkbox"/> Email <input type="checkbox"/> Telephone	

THE BUSINESS YOUR COMPLAINT IS AGAINST

Name:	Street Address:
Business Phone Number:	Business Email Address:
Name of the person you dealt with:	Business Website:

- 1) The activity or practice of the business you are questioning:
 - Lien Release / Issue Disclosure Issue Improper Charges Unfair Policy / Practice Payment Handling
 - Disputed / Obsolete Debt Collection Practices Credit Report Dispute / Issue Other: _____

- 2) Which best describes your first contact with the business?

<ul style="list-style-type: none"> <input type="checkbox"/> I went to the business <input type="checkbox"/> I contacted the business by telephone / internet <input type="checkbox"/> Person from business came to my home <input type="checkbox"/> Person from business called me 	<ul style="list-style-type: none"> <input type="checkbox"/> Business mailed / e-mailed information to me <input type="checkbox"/> I responded to a radio / internet / e-mail / TV ad <input type="checkbox"/> I attended a convention or trade show <input type="checkbox"/> I responded to a printed advertisement
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- 3) When did the first contact occur? Month: _____ Day: _____ Year: _____

- 4) What product or service did you buy? _____

- 5) Amount paid: \$ _____
 - Cash Check Credit / Debit Card
 - Financed Another Plan: _____

- 6) Where did you pay for the product or service?

<ul style="list-style-type: none"> <input type="checkbox"/> At my home <input type="checkbox"/> In someone else's home <input type="checkbox"/> By mail / e-mail 	<ul style="list-style-type: none"> <input type="checkbox"/> At the company's place of business <input type="checkbox"/> At a convention or trade show <input type="checkbox"/> Telephone or Internet: using credit / debit card / check
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- 7) Did you sign a contract / agreement? Yes No If yes, when? _____
 What was the amount financed? _____ Where did you sign the contract? _____

- 8) Have you contacted the business about this complaint? Yes No When? _____
 What happened? _____

PLEASE COMPLETE THE 2ND PAGE OF THIS FORM

