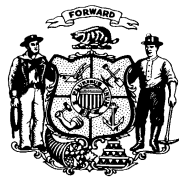


Public Comments

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

(800) 452-3328
(608) 264-7969
Fax (608) 264-7968
www.wdfi.org

COMPLAINT

This form may be used to file a complaint or inquiry. Information may be used for secondary purposes.

YOUR INFORMATION			THE BUSINESS YOUR COMPLAINT IS AGAINST		
Name Mr. Mrs./Ms.			Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Reach me by phone between 8 a.m. and 4 p.m. at: ()			Name of person you dealt with:		
Account number with business, if any:			Phone number: ()		
E-mail address:					

The activity or practice of the business you are questioning:

- Credit card fees/charges Unauthorized credit card charges Checking/debit card Billing errors
 Disputed/obsolete debt Collection practices Three day right to cancel Other _____

Which best describes your first contact with the business?

- | | |
|---|---|
| <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I went to the business |
| <input type="checkbox"/> Person from business called me | <input type="checkbox"/> I contacted the business by telephone / Internet |
| <input type="checkbox"/> Business mailed / e-mailed information to me | <input type="checkbox"/> I responded to a radio / Internet / TV ad |
| <input type="checkbox"/> I attended a convention or trade show | <input type="checkbox"/> I responded to a printed advertisement |

When did the first contact occur? Month: _____ Day: _____ Year: _____

What product or service did you buy? _____

Amount paid: \$ _____ by: cash check credit / debit card financed other plan

Where did you pay for the product or service:

- | | |
|---|--|
| <input type="checkbox"/> At my home | <input type="checkbox"/> At the company's place of business |
| <input type="checkbox"/> In someone else's home | <input type="checkbox"/> At a convention or trade show |
| <input type="checkbox"/> By mail / e-mail | <input type="checkbox"/> Over the telephone / Internet by credit card or check |

Did you sign a contract? Yes No When: _____

If yes, where did you sign the contract: _____

Have you contacted the business about this complaint?

Yes No When: _____

Have you filed this complaint with any other agency?

Yes No Agency name: _____

Have you contacted a private attorney? Yes No Has legal action been started? Yes No

PLEASE COMPLETE THE REVERSE SIDE OF FORM

