# **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.	Name	
Mrs./Ms.		
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 ch	arges 🛛 Checking/debit card 🛛 Billing errors	
□ Disputed/obsolete debt □ Collection practices □ Three	e day right to cancel	
<ul> <li>Which best describes your first contact with the business?</li> <li>Person from business came to my home</li> <li>Person from business called me</li> <li>Business mailed / e-mailed information to me</li> <li>I attended a convention or trade show</li> </ul>	<ul> <li>I went to the business</li> <li>I contacted the business by telephone / Internet</li> <li>I responded to a radio / Internet / TV ad</li> <li>I responded to a printed advertisement</li> </ul>	
When did the first contact occur? Month:	Day: Year:	
What product or service did you buy?		
Amount paid: \$ by: □ cash □ cheo	ck  ☐ credit / debit card  ☐ financed  ☐ other plan	
Where did you pay for the product or service:		
<ul> <li>At my home</li> <li>In someone else's home</li> <li>By mail / e-mail</li> </ul>	<ul> <li>At the company's place of business</li> <li>At a convention or trade show</li> <li>Over the telephone / Internet by credit card or check</li> </ul>	
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? $\Box$ Yes $\Box$ No	

## PLEASE COMPLETE THE REVERSE SIDE OF FORM

Describe your complaint and the events in the order they happened, including specific dates and the activities or practices to which you object. **IMPORTANT:** Please attach copies of any documents, such as a contract, advertisements, credit card statements, letters, etc., which are pertinent to your complaint.

What resolution do you suggest?	

The above statement is true and accurate to the best of my knowledge. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

#### **Consent to Release Information**

The information provided may be used in efforts to resolve my problem and may be shared with the party complained against. The Department may seek additional information from businesses and I authorize the disclosure of applicable documents to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws.

Your signature \_\_\_\_\_