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

COMPLAINT

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

<table>
<thead>
<tr>
<th>YOUR INFORMATION</th>
<th>THE BUSINESS YOUR COMPLAINT IS AGAINST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Mr.</td>
<td>Name</td>
</tr>
<tr>
<td>Mrs./Ms.</td>
<td></td>
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<tr>
<td>Address</td>
<td>Address</td>
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<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Zip Code</td>
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<tr>
<td>Reach me by phone between 8 a.m. and 4 p.m. at:</td>
<td>Name of person you dealt with:</td>
</tr>
<tr>
<td>( )</td>
<td>Phone number:</td>
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<tr>
<td>E-mail address:</td>
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</tbody>
</table>

The activity or practice of the business you are questioning:

☐ Credit card fees/charges ☐ Unauthorized credit card charges ☐ Checking/debit card ☐ Billing errors
☐ Disputes/obsolescent debt ☐ Collection practices ☐ Three day right to cancel ☐ Other __________________________

Which best describes your first contact with the business?

☐ Person from business came to my home ☐ I went to the business
☐ Person from business called me ☐ I contacted the business by telephone / Internet
☐ Business mailed / e-mailed information to me ☐ I responded to a radio / Internet / TV ad
☐ I attended a convention or trade show ☐ 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:

☐ At my home ☐ At the company's place of business
☐ In someone else's home ☐ At a convention or trade show
☐ By mail / e-mail ☐ 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

DFI/BCA/500 (Rev. 1/15)
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.

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What resolution do you suggest? _____________________________________________

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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 _____________________________________________ Date __________________________