



TEXT MESSAGE COMPLAINT

OAG Form 1086 (R0 / 02-14)
Telephone Privacy Section

OFFICE OF ATTORNEY GENERAL
Telephone Privacy Section
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
www.IndianaConsumer.com

- INSTRUCTIONS:**
1. Please complete a separate complaint form for each text. If you include more than one text, the form may be returned to you.
 2. Items marked with an asterisk "*" indicate information we must have to investigate your complaint.
 3. Mail your completed form to the address in the upper right-hand corner of this form.
 4. If you prefer, you may file your complaint on our website, www.IndianaConsumer.com
 5. If you have any questions you may reach our office at 1.800.382.5516, Monday through Friday, 8:00 am to 5:00 pm (*Eastern Time*).

Your Information			
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Age Group <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-59 <input type="checkbox"/> 60+	
*First Name	Middle Name	*Last Name	Suffix
*Street Address			
*City	*State	*Zip Code	*County
Your Company Name (<i>if applicable</i>)		Address Type <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Vacation Home	
Daytime Phone	Email Address		
<input type="checkbox"/> Yes <input type="checkbox"/> No May we contact you by email? If yes, we will not contact you by regular mail <input type="checkbox"/> Yes <input type="checkbox"/> No Are you or your spouse active military?			

Text Details		
*Date of Text	*Time of Text <input type="checkbox"/> AM <input type="checkbox"/> PM	*Your Telephone Number that received the text
Who is your telephone service provider?		Your telephone service is (<i>check one</i>) <input type="checkbox"/> Residence <input type="checkbox"/> Wireless <input type="checkbox"/> Business
Did you save the text message on your phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Caller ID Number (<i>if provided</i>)	Caller ID Name (<i>if provided</i>)
*What was the product or service being offered, or the subject of the message?		
*Enter body of text message here		

Additional Comments

Consent and Verification

Do you consent to disclosing the following information to the public?

Yes No The nature of the complaint and firm's name

Yes No Your name

Yes No Your phone number

I affirm, under penalties for perjury, that the foregoing representations are true. I consent to the Consumer Protection Division obtaining or releasing any information in furtherance of the disposition of this complaint. I consent to the release of information included in this complaint to other public agencies attempting to discover ongoing fraudulent patterns or practices and for the purpose of law enforcement. I understand that I should not include my Social Security Number in any information submitted to the Consumer Protection Division. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2).

*Your signature

Date