



DO NOT CALL COMPLAINT FORM

Office of the Indiana Attorney General

Mail your completed form to:

Attn: Telephone Privacy
Government Center South, 5th Floor
302 West Washington Street
Indianapolis, IN 46204-2770

- To assist our investigation, please complete both sides of this form as thoroughly as possible.
- Please use one complaint form for each telephone call.
- The asterisk (*) indicates information we MUST have to investigate your complaint.

YOUR INFORMATION (Check box when applicable)

*Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Email Address	
*Mailing Address		*City	*State
			*Zip
Age <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+	Are you or your spouse active military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Daytime Phone ()		Evening Phone ()	
Do you consent to the Consumer Protection Division disclosing to the public the following:			
1. The nature and status of your complaint and name of the firm		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Your name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Your telephone number		<input type="checkbox"/> Yes	<input type="checkbox"/> No

TELEPHONE SOLICITOR INFORMATION (Check box when applicable)

*Name of Firm	Phone Number		
*Date of Call	*Time of Call	<input type="checkbox"/> am	<input type="checkbox"/> pm
*Product or Serviced Offered	Name of Caller		
	Mailing Address		
	City	State	Zip

ABOUT THE CALL (Check box when applicable)

*Your telephone number that received the call: () _____			
• Type of number: <input type="checkbox"/> Residential <input type="checkbox"/> Wireless <input type="checkbox"/> Business			
Was the call a pre-recorded message? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes:			
a. Did the message provide the identity of the company? <input type="checkbox"/> Yes <input type="checkbox"/> No		if Yes, Name _____	
b. Did the message provide a telephone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		if Yes, Number () _____	
c. Were you later transferred to a live operator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the telephone call recorded on your voicemail service or answering machine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
• Did you save a recording of the message? <input type="checkbox"/> Yes <input type="checkbox"/> No			

