



DO NOT CALL / AUTOMATED CALL COMPLAINT

OAG Form 1084 (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 call. If you include more than one call, 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? | | | |

| Call Details | | |
|---|--|---|
| *Date of Call | *Time of Call <input type="checkbox"/> AM <input type="checkbox"/> PM | *Your Telephone Number that received the call |
| 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 | |
| How did the call begin? <input type="checkbox"/> Live Operator <input type="checkbox"/> Automated/Pre-Recorded <input type="checkbox"/> Other | | If you checked other, what best describes the call? <input type="checkbox"/> Fax tones, beeps <input type="checkbox"/> Hang-up, dead air |
| Do you have Caller ID? <input type="checkbox"/> Yes <input type="checkbox"/> No | Caller ID Number (<i>if provided</i>) | Caller ID Name (<i>if provided</i>) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Was the call or message recorded on your voice mail service or answering machine? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you save a recording of the message? | | |
| *What was the product or service being offered, or the subject of the message? | | |

| For a Live Operator Call | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the caller provide the name of the company? If yes enter the company Name |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the caller provide the address of the company? If yes, enter company address, city, state, zip |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the caller state his or her name? If yes, enter caller's name |

| For a Pre-Recorded Message Call | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the pre-recorded message provide the name of the company or caller? If yes enter the company name |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the pre-recorded message provide a telephone number? If yes, enter the number |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Were you transferred to a live operator? If yes, enter the name of the operator (<i>if known</i>) |

| Additional Comments |
|----------------------------------|
| |

| Consent and Verification |
|--|
| <p>Do you consent to disclosing the following information to the public?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The nature of the complaint and firm's name</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Your name</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Your phone number</p> <p>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).</p> <p>_____ *Your signature</p> <p>_____ Date</p> |