



UNSOLICITED FAX COMPLAINT

OAG Form 1085 (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 fax. If you include more than one fax, 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, with the fax, 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?			

Fax Details	
*Date of Fax	*Time of Fax <input type="checkbox"/> AM <input type="checkbox"/> PM
Name of Fax Sender	
*Your Telephone Number that received the fax	Do you have Caller ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is your telephone service provider?	Caller ID Number (<i>if provided</i>)
This telephone number is primarily used for <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Both	Caller ID Name (<i>if provided</i>)
*What was the product or service being offered, or the subject of the fax?	
<input type="checkbox"/> Yes <input type="checkbox"/> No *Did you retain a copy of the fax to attach to this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you or anyone at your residence or working at your place of business invite or give permission for the fax sender to send a fax? If yes, give details in the Additional Comments section	

