Return Form To:

STATE OF WISCONSIN

DEPARTMENT OF FINANCIAL INSTITUTIONS

Department of Financial Institutions Bureau of Consumer Affairs PO Box 8041

Madison, WI 53708-8041



Contact Information:

(800) 452-3328 (608) 264-7969 Fax: (608) 264-7968 dfi.wi.gov

COMPLAINT

Completion of this form is voluntary. Information requested provides statistical information for our office. This form is a public record and personally identifiable information may be shared with other State or Government agencies.

YOUR INFORMATION			
Na	me:	Mailing Address:	
Day	ytime Telephone Number:	Email Address:	
Best way to contact me between 8:00 a.m. and 4:00 p.m. (choose one): \Box Email \Box Telephone			
THE BUSINESS YOUR COMPLAINT IS AGAINST			
Na	me:	Street Address:	
Bus	siness Phone Number:	Business Email Address:	
Na	me of the person you dealt with:	Business Website:	
1)	The activity or practice of the business you are questioning: ☐ Lien Release / Issue ☐ Disclosure Issue ☐ Improper Ch ☐ Disputed / Obsolete Debt ☐ Collection Practices ☐ Cr		
2)	Which best describes your first contact with the business? ☐ I went to the business ☐ I contacted the business by telephone / internet ☐ Person from business came to my home ☐ Person from business called me	 □ Business mailed / e-mailed information to me □ I responded to a radio / internet / e-mail / TV ad □ I attended a convention or trade show □ I responded to a printed advertisement 	
3)	When did the first contact occur? Month:	Day: Year:	
4)	What product or service did you buy?		
5)		☐ Check ☐ Credit / Debit Card ed ☐ Another Plan:	
6)	Where did you pay for the product or service? ☐ At my home ☐ In someone else's home ☐ By mail / e-mail	 □ At the company's place of business □ At a convention or trade show □ Telephone or Internet: using credit / debit card / check 	
7)	Did you sign a contract / agreement? \square Yes \square No	If yes, when?	
What was the amount financed? Where did you sign the contract?			
	Have you contacted the business about this complaint?	Yes No When?	

PLEASE COMPLETE THE 2ND PAGE OF THIS FORM

	Have you filed this complaint with any other agency? Yes No Agency Name?		
Wr	nat happened?		
10)	Have you contacted a private attorney? \square Yes \square No Has legal action been started? \square Yes \square No		
11)	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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12)	What resolution do you suggest?		
	above statement is true and accurate to the best of my knowledge. This document can be made available in alternate formats upon request to ifying individuals with disabilities.		
	Consent to Release Information		
used	information you provide will be used in efforts to resolve your problem and may be shared with the party complained against. It may also be to enforce applicable state laws. The Department may seek additional information from businesses, and I authorize the disclosure of applicable iments to the Department, including those protected by laws such as HIPAA. I understand any information may be subject to open records laws		
Υ	our signature Date		

BCA500 (Revised January 2023)
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