



TELEPHONE PRIVACY 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+ | | | |
| 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)

| | | | |
|--|--|--|--------------------------|
| *Telephone number the solicitor called: () _____ | | | |
| • 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 | | | |

