



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL
DO-NOT-CALL COMPLAINT FORM

YOUR INFORMATION

Your Name(s) ___ Mr. ___ Mrs. ___ Ms. _____

Address _____

City _____ State _____ Zip _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

E-mail: _____

TELEPHONE SOLICITOR INFORMATION

*Name of Telemarketing Company _____

*Telephone No. of Telemarketer _____

Caller's Name (if known) _____ Direct Phone No. (if known) _____

Address (if known) _____

City _____ State _____ Zip _____

***We must have either the name or the telephone number of the telemarketing company to process your complaint, as well as the date of the call and the residential or mobile telephone number the telemarketer/solicitor called.**

CALL INFORMATION

1. *Date of Call _____ Time of Call _____ AM PM (circle one)

2. *Residential or mobile telephone number the telemarketer called: (____) _____

3. Is the telephone number the telemarketer called on the national Do Not Call Registry?
____ Yes ____ No

4. Was the call a prerecorded message? ____ Yes ____ No

5. What was the phone number that appeared on Caller ID? (if available) _____

6. Was Caller ID blocked by the telemarketer? ____ Yes ____ No

7. Had you previously provided express permission for or invited the telemarketer to call you? ____ Yes ____ No

8. Have you had a business relationship with this company within the past eighteen

months? ____ Yes ____ No

9. Have you submitted an application to or made an inquiry of this company in the last three months? ____ Yes ____ No

10. If this company has called you in the past, did you at that time advise them not to call you again? ____ Yes ____ No If yes, state the date you told them not to call. _____

11. Do you have an existing debt or contract with the telemarketer? ____ Yes ____ No

12. Was the call made by or on behalf of a charitable or nonprofit organization? __ Yes __ No
If yes, check the appropriate box or boxes. The person that called you:

_____ was an employee or volunteer of the charity

_____ worked for a third party telemarketing firm

_____ stated his or her name. If so, the name was _____.

_____ don't know

13. Was the call for the sole purpose of conducting a survey? ____ Yes ____ No

14. What was the product or service offered during the call?

15. Did the telemarketer say you had won money or a prize? ____ Yes ____ No

16. Amount paid or lost (if applicable)? \$ _____

17. How would you like your complaint resolved? _____

PLEASE SUMMARIZE THE CALL: (Attach a copy of all papers involved, including correspondence, if any)

(attach additional sheets as needed)

The Attorney General's Consumer Protection Division acts to protect the public from unlawful business practices. We encourage citizens to file complaints with our office about suspect business practices so we can try to help resolve the dispute, as well as to help us identify areas for enforcement. While we can enforce the law against unfair and deceptive business practices on behalf of the general public, we do not have the authority or resources to act as a lawyer for consumers in individual disputes.

The information I have provided is true and accurate to the best of my knowledge.

YOUR SIGNATURE _____ **DATE** _____

RETURN TO: Lisa Madigan, Attorney General
Consumer Protection Division
500 South Second Street
Springfield, Illinois 62706
(217) 782-1090