



# UNSOLICITED FAX COMPLAINT FORM

Office of the Indiana Attorney General

To assist our investigation, please complete both sides of this form as thoroughly as possible. To help us manage your case efficiently, a complaint form is required for each fax.

Mail your completed form **with the fax** to:

Office of the Indiana Attorney General

Attn: Telephone Privacy

Government Center South, 5th floor

302 West Washington Street

Indianapolis, IN 46204-2770

**\*Indicates information we MUST have to investigate your complaint.**

## YOUR INFORMATION (Check choice when applicable)

Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/>			
*Your Name	E-mail Address		
Your Company Name (if applicable)			
*Mailing Address	*City	*State	*Zip
Daytime Phone (      )		Evening Phone (      )	
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+		Are you or your spouse active military? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 fax sender	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Your name	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Your telephone number	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## FAX SENDER INFORMATION (Check choice when applicable)

Name of Fax Sender	
*Date of Fax	
*Time of Fax	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
*Product or Service Offered	

## ABOUT THE FAX (Check choice when applicable)

1. *Telephone number that received the fax: (      )		
2. The above telephone number is primarily used for:	Residence <input type="checkbox"/>	Business <input type="checkbox"/> Both <input type="checkbox"/>
3. *Did you retain a copy of the fax to attach to this complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Did you keep the fax sender's phone number on your Caller ID or other service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you willing to testify in court regarding this complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. *Do you consent to our obtaining your telephone records from your telephone company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who is your telephone service provider? _____		

**ABOUT THE FAX CONT. (Check choice when applicable)**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 7. Did you or anyone residing at your residence or working at your place of business invite or give permission for the fax sender to send a fax?<br>(If "yes," give details in the ADDITIONAL COMMENTS section below)                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you or anyone residing at your residence or working at your place of business made an inquiry, application, purchase or other transaction with the fax sender?<br>(If "yes," give details in the ADDITIONAL COMMENTS section below) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Have you or anyone residing at your residence or working at your place of business requested the fax sender not to send faxes?<br>(If "yes," give details in the ADDITIONAL COMMENTS section below)                                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Are you authorized to file this complaint on behalf of your organization?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**CONSENT AND VERIFICATION**

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).

\_\_\_\_\_  
Your Signature\_\_\_\_\_  
Date**ADDITIONAL COMMENTS**


Rev. 10-11

Office  
of the **INDIANA**  
ATTORNEY GENERAL

[www.AttorneyGeneral.IN.gov](http://www.AttorneyGeneral.IN.gov)

Attorney General Greg Zoeller  
Serving Indiana  
...and justice for all

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