



# UNSOLICITED FAX COMPLAINT

OAG Form 1085 (R0 / 08-17)  
Data Privacy and Identity Theft Unit

OFFICE OF ATTORNEY GENERAL  
**Data Privacy and Identity Theft Unit**  
Government Center South, 5<sup>th</sup> floor  
302 W. Washington Street  
Indianapolis, IN 46204  
[www.IndianaConsumer.com](http://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](http://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		
*Did you retain a copy of the fax to attach to this complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No		
*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		Who is your telephone service provider?
This telephone number is primarily used for <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Both		Are you authorized to file this complaint on behalf of your organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
*What was the product or service being offered, or the subject of the fax?		
<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		

**Fax Details -- *continued***

Yes     No    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? If yes, give details in the Additional Comments section.

Yes     No    Have you or anyone residing at your residence or working at your place of business requested the fax sender not to send faxes? If yes, give details in the Additional Comments section.

**Additional Comments**

---



---



---



---



---



---



---



---



---



---

**Consent and Verification**

Do you consent to disclosing the following information to the public?

- Yes     No    The nature of the complaint and firm's name
- Yes     No    Your name
- Yes     No    Your phone number

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