



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. Mrs. Miss Ms. Dr.			
*Your Name	E-mail Address		
Your Company Name (if applicable)			
*Mailing Address	*City	*State	*Zip
Daytime Phone ()		Evening Phone ()	
5[Y <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	No	
2. Your name	Yes	No	
3. Your telephone number	Yes	No	

FAX SENDER INFORMATION (Check choice when applicable)	
Name of Fax Sender	
*Date of Fax	
*Time of Fax	a.m. p.m.
*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	Business	Both
3. *Did you retain a copy of the fax to attach to this complaint?	Yes	No	
4. Did you keep the fax sender's phone number on your Caller ID or other service?	Yes	No	
5. Are you willing to testify in court regarding this complaint?	Yes	No	
6. *Do you consent to our obtaining your telephone records from your telephone company?	Yes	No	
Who is your telephone service provider? _____			

