

D/R

Milwaukee County District Attorney
CONSUMER FRAUD OFFICE
Safety Building, Room 405
821 West State Street
Milwaukee, WI 53233
Tele: (414) 278-4646

No.

****PLEASE PRINT OR TYPE****

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PERSON COMPLAINED AGAINST

NAME
NAME OF OWNER(S)
PHYSICAL DESCRIPTION AGE: _____ HEIGHT: _____ WEIGHT: _____ RACE: _____ SEX: _____ HAIR COLOR: _____ EYES: _____
ADDRESS: _____
CITY: _____ ZIP CODE: _____

PERSON COMPLAINING

NAME	DOB	
HOME ADDRESS	HOME TELEPHONE	
CITY	STATE	ZIP

VITAL INFORMATION FOR ALL COMPLAINTS

Product or service involved _____

Address of original transaction or contractual agreement _____

Date of transaction _____ Have you told person/business of your complaint _____

Price _____ Amount of money paid to date _____

Date, address and amount of each payment _____

Sales person(s) you dealt with _____

Was a contract signed _____ Have you had correspondence with person/business _____

Was the purchase price financed _____

VITAL INFORMATION FOR HOME CONSTRUCTION AND IMPROVEMENT COMPLAINTS

Address of job _____

Promised starting date _____ Date work actually started _____

Promised completion date _____ Date work stopped _____

Did contractor stop work on his own or was he fired _____

Percentage of job completed _____ Did you make a demand for refund of money _____

When _____ Are there any unpaid subcontractor that filed lien notices _____

*(If yes, list name, address phone and amount owed in **The Substance of Your Complaint** section.)*

