State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

WILLIAM J. SCHNEIDER,
Attorney General

Complaint #
Mediator
PDF

DO NOT CALL TELEMARKETING COMPLAINT FORM

YOUR INFORMATION

Your Name(s) _____

Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone: _____ **Evening Phone:** _____

TELEPHONE SOLICITOR

Name of Telemarketing Company _____

Telephone Number of Telemarketing Company _____

Caller's Name _____ **Direct Tel 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.

1. Date of Call:_____ Time of Call:_____ Duration of Call (minutes)_____
2. Residential or mobile telephone number the telemarketer called: _____
3. Is the telephone number the telemarketer called on the Maine or National Do Not Call Registry?

   ____ Yes ____ No

   If so, when did you register? _____ (Include email verification from FTC if you have it)
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

PLEASE COMPLETE THE OTHER SIDE

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

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)

_____

_____

_____

_____

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_____

Today's date: _____ **Your Signature:** _____

This complaint form is valid only when accompanied by a letter from the Office of Attorney General.