STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

P.O. BOX 30213
LANSING, MICHIGAN 48909

BILL SCHUETTE
ATTORNEY GENERAL

Dear Consumer:

In response to your request, attached is a consumer complaint form. Please review the filing information and complete the form so that we may assist you in the most efficient manner possible.

DO-NOT-CALL CONSUMER COMPLAINT FILING INFORMATION

PLEASE BE AWARE that complaints or inquiries become public records when they are submitted to the Attorney General's office, and under the Michigan Freedom of Information Act, copies may be subject to disclosure to anyone who asks for them.

How Information You Submit To Our Office Will Be Used

If you submit a complaint, a copy of the complaint may be sent to the business about whom the complaint is issued and may be sent to other governmental agencies for their review. Some complaints may become the subject of civil or criminal cases and may be subject to disclosure as part of a court proceeding. Any information that you give to us will not be sold, rented, or leased to third parties and will only be used by us to respond to you or investigate your complaint. We strongly urge you NOT to submit sensitive information, such as your Social Security number or credit card information, unless it is absolutely necessary for the investigation of your complaint. If you believe that you must submit such information, please send the complaint and any attachments by mail.

Processing Information

The Consumer Protection Division of the Attorney General's office helps consumers each year by mediating complaints that fall within our jurisdiction. In many cases our assistance will help you obtain an acceptable resolution to your problem. However, if our mediation is not successful, the Attorney General cannot act as a private attorney on your behalf.

The Consumer Protection Division receives many thousands of consumer complaints and inquiries; thus, it may take several weeks for your complaint or inquiry to be fully processed. Your patience is appreciated. Upon receipt of your consumer complaint or inquiry, we will send you correspondence confirming receipt and informing you of the Attorney General file number assigned to your correspondence. Include this number with all subsequent correspondence.

For consumer complaints we will in most cases write to the business and enclose a copy of your correspondence. The business will be asked to respond to our office. We will contact you in writing after we have received a reply from the business. If we do not hear back from the business within 30 days, we will recontact them regarding your complaint.

In some cases, the Consumer Protection Division may be unable to obtain any cooperation from the business. If the business refuses to respond, we will confirm this to you in writing. You may then want to consider filing suit in Small Claims Court or consulting with a private attorney to review your legal options.

Filing Instructions

1. All complaints and inquiries should be submitted using our **Do-Not-Call Complaint** form. If you have a complaint against more than one telemarketer, use a separate complaint form for each company.

2. Do not file a new form for follow-up or additional information but instead provide this information as detailed in paragraph 5.

3. Be sure to include the address and telephone number of the business you are complaining about, as well as your home address and telephone number. Accurate fax numbers and e-mail addresses will expedite the processing of your complaint.

4. Complaint details: Describe your problem, what attempts you have made to correct it, and how you would like to have the problem resolved.

5. If you include copies of documents that relate to your complaint, remember **DO NOT SEND ORIGINALS.** Please make certain your documents have some identifying information (Attorney General file number, or your name and date) so that we are able to match your information with your complaint. All documents should be on 8-1/2" x 11" single-sided paper. You may send documents that relate to your complaint as follows:

   Consumer Protection Division
   P.O. Box 30213-7713
   Lansing, MI 48909

   Facsimile: 517-241-3771

Send by regular mail or fax as listed above. If you have any questions, please call the Consumer Protection Division Monday through Friday from 8:30 AM to 4:30 PM at (517) 373-1140 or toll free 1-**877**-765-8388.

Sincerely,

BILL SCHUETTE
Attorney General

Consumer Protection Division
(517) 373-1140 – Local
(877) 765-8388 - Toll Free

MICHIGAN DEPARTMENT OF ATTORNEY GENERAL

Bill Schuette, Attorney General

DO-NOT-CALL COMPLAINT FORM

Please be aware of the following:

- Complaints and inquiries become public records when they are submitted to the Attorney General's office, and under the Michigan Freedom of Information Act, copies may be subject to disclosure to anyone who asks for them.
- A copy of the complaint may be sent to the business against whom the complaint is issued. An accurate company Fax number will expedite processing.
- A copy of the complaint may be sent to other governmental agencies.
- Please be particularly cautious with information containing your Social Security number, credit card account numbers, etc. for security purposes. If you believe it is necessary to submit such information, you should mail that information and the corresponding complaint.
- Since telemarketers must update their lists every 90 days, there may be a delay between the time you sign up on the do-not-call registry and the time that telemarketers are prohibited from making call to your home (up to 91 days).
- Consumers are encouraged to additionally file a complaint with the Federal Trade Commission at www.donotcall.gov or by calling 1-888-382-1222 (TTY 1-866-290-4236). The status of the Federal Trade Commission's enforcement ability and efforts can be found at: www.ftc.gov.

Consumer Information

Your Last Name: _____ First Name: _____

Your Street Address: _____ City: _____

Your State: _____ Zip Code: _____

Your County: _____

Your Home Phone: _____ Work Phone: _____

Fax Number: _____ E-mail Address: _____

Telephone Solicitor Information

Name of company selling product or service: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____

County: _____ Phone: _____

Fax Number: _____ E-mail Address: _____

Web Site Address: _____

Product or
Service Offered: _____ Name of Caller: _____

Scope of The Law

Not all telemarketing calls are prohibited by Michigan Law. If you answer "Yes" to any of the following, the call or caller may be exempt from the Michigan do-not-call law.

Did the telemarketer indicate the call was made on behalf of a charitable or public safety organization? _____ Yes _____ No

Did the telemarketer indicate the call was made on behalf of a political party or candidate? _____ Yes _____ No

Did you provide prior express invitation or permission for the solicitor to call? _____ Yes _____ No

Do you have an existing business relationship with the solicitor? (Have you purchased from or contacted the solicitor before?) _____ Yes _____ No

If you answered "yes," when did you last purchase from or contact the solicitor? _____

Did the telemarketer request a face-to-face meeting to discuss purchase, but did not urge a purchase decision during the call? _____Yes _____ No

Did the telemarketer call for a noncommercial purpose? (a call that did not urge the purchase of goods or services?) _____ Yes _____ No

About The Call

1. Residential telephone number the solicitor called: ( ) _____

2. Date and Time of Call: _____ am pm
(Circle one)

3. Has the number called been enrolled on the Federal Trade Commission do-not-call registry? _____ Yes _____ No

   If "yes," (1) when was the telephone number enrolled on the do-not-call registry?
   _____ (date of enrollment); and
   (2) was enrollment by _____ phone or _____ online? (check one)

4. Did you ask to be put on the solicitor's own "do-not-call list" (ask the solicitor not to call again)? _____ Yes _____ No

   If "yes," when was the request made? _____ (date)

5. Was the call a recorded message? _____ Yes _____ No

6. Did you record the call? _____ Yes _____ No

7. Have you retained the solicitor's phone number or message on your Caller ID or other service? _____ Yes _____ No

8. Are you willing to testify in court regarding this complaint? _____ Yes _____ No

Other Information

Have you filed a complaint with any other agency regarding this call? _____ Yes _____ No

If "yes," what other agency have you filed with? _____

Please provide any additional relevant information. Use additional sheets if necessary.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Certification

I certify that the information on this form is true and accurate to the best of my knowledge. I consent to releasing to the Michigan Attorney General any information or document relative to the investigation of this complaint.

Your signature: _____ Date: _____

Mail to:

Consumer Protection Division
P.O. Box 30213-7713
Lansing, MI 48909

Facsimile: 517-241-3771