



Consumer Protection Wisconsin Department of Justice

VONAGE COMPLAINT FORM

Your information:

You have the option of remaining anonymous. However, if you do not complete these fields, we will not be able to assist you. *Denotes required fields.

*Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Email address: _____

*Address: _____ Apt. _____

*City: _____ County: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Phone me between 8:00 a.m. and 4:00 p.m. at (circle one): home or work Best time: _____

Information about the business your complaint is against:

*Business name: _____

Name of person you talked to: _____ Title: _____

Information about your complaint.

How old is the person who had contact with the business? (check one): ___ 0-17 ___ 18-61 ___ 62 and older

What was the date of your first transaction with the company? _____

*What product or service did you buy? _____

Amount paid: \$ _____. Method of payment? (check one): ___ Cash ___ Check
___ Credit card ___ Financed ___ Money order _____ Other

Where did you pay the business? ___ At my home ___ Over the phone by credit card ___ By mail
___ At the place of business ___ At a convention or trade show ___ At a private home ___ Internet

Did you contact the business about your complaint? ___ Yes ___ No

