



Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Bureau of Consumer Protection  
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# HOME IMPROVEMENT

Home improvement practices are subject to the administrative rules in Wis. Admin. Code ch. ACP 110. Those rules were promulgated under authority of Wis. Stat. § 100.20(2). DATCP is responsible for administering and enforcing those laws. See Wis. Stat. §§ 93.01(intro.) and (3), 93.07(1), and 93.07(24).

## 1. HOW DO WE CONTACT YOU?

FIRST NAME		MIDDLE INITIAL	LAST NAME	
HOME PHONE ( ) -	WORK PHONE ( ) -		EXT.	CELL PHONE ( ) -
Contact me between 8:00 A.M. and 4:00 P.M. at:		<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL		<input type="checkbox"/> EMAIL
ADDRESS STREET		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY

## IMPROVEMENT PROPERTY ADDRESS

ADDRESS STREET		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY

## 2. WHAT BUSINESS IS YOUR COMPLAINT AGAINST?

NAME OF BUSINESS				
ADDRESS STREET		APT. #		PO BOX
CITY		STATE	ZIP	COUNTY
NAME OF PERSON YOU TALKED TO		TITLE		PHONE ( ) -

## INFORMATION ABOUT YOUR COMPLAINT

**3. Which of the following best describes your first contact with the business: (Check one)**

<input type="checkbox"/> Internet	<input type="checkbox"/> Person from business came to my home	<input type="checkbox"/> I went to the business
<input type="checkbox"/> Email	<input type="checkbox"/> Person from business called me	<input type="checkbox"/> I telephoned the business
<input type="checkbox"/> I responded to a radio or TV ad	<input type="checkbox"/> Business sent me information in the mail	
<input type="checkbox"/> I responded to a printed advertisement	<input type="checkbox"/> I attended a convention or trade show	

**4. How old is the person who had contact with the business? Age: (Check one)**  0-17  18-61  62 or older

**5. Did you sign a contract? (Check one)**  No  Yes Date: \_\_\_\_\_ Total \$: \_\_\_\_\_

<b>6. What type of property repair/improvement was performed:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> New home construction	<b>7. Was the improvement advertised?</b> (Check one) <input type="checkbox"/> No <input type="checkbox"/> Yes
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**8. Did the contractor:**

Inform you of your right to written lien waivers?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Claim credit for a competitor's work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provide you with any written lien waivers?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Falsely claim to be a member of another firm?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Substitute products or materials without your consent?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Perform the work in a satisfactory manner?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Furnish written guarantees or warranties?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Fail to disclose that another firm would perform work?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Misrepresent the total completion price?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

**9. Amount of initial down payment paid before the entire job was done?**

**10. On what date was the work started? \_\_\_\_\_ Completed? \_\_\_\_\_**

11. How much work was done? (Check one)  None  Some  Most  All

When was work supposed to be completed?

12. Did the contractor notify you of any reasons for delays? (Check one)  No  Yes Reason:

13. Has a lien claim been filed against your property? (Check one)  No  Yes When:

14. Are the products, materials or workmanship still under warranty? (Check one)  No  Yes

15. What steps have you taken to solve this dispute?

Hired attorney Name:

Sent a certified letter to the builder

Complained to the local building inspector Phone #: ( ) -

Filed a report with police/sheriff

Started a suit in small claims court Case#:

16. If the contractor has not completed work, have you tried to cancel your contract? (Check one)  No  Yes

17. Did you send a written cancellation notice? (Check one)  No  Yes

18. Describe your complaint in detail. Attach additional sheets if necessary. (Include copies of any proposals, contracts, canceled checks, emails, texts, and other papers involved.)

19. How do you feel your complaint should be resolved? (Please be specific)

How did you hear about us/find us?  Presentation  Newspaper/Radio/TV  Referral (BBB, Legal Action, etc)  Internet  Other

By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Bureau of Consumer Protection at the Department of Agriculture, Trade and Consumer Protection about any and all matters connected with this complaint. This complaint and the information provided will be used in efforts to resolve the problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws.

In compliance with *Wis. Stat. § 15.04(1)(m)*, the following notice is provided: This form is authorized by *Wis. Stat. § 93.07(2)*. Completing this form is voluntary. Personally identifiable information provided in this form is subject to Wisconsin's Public Records Law, *Wis. Stat. §§ 19.31 to 19.37*, and therefore might be released in responding to a public records request. In responding to a public records request, the Department will maintain the confidentiality of personally identifiable information provided in this form to the extent permitted by law.

**All information that I have provided in this form is true and accurate to the best of my knowledge.**

YOUR SIGNATURE

PRINT NAME

DATE

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, emails, text messages.

MAIL this form and copies of your papers to:

Bureau of Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison WI 53708-8911

OR EMAIL this form: Fill in electronically and attach digital copies of your papers and send to:

[DATCPHotline@wisconsin.gov](mailto:DATCPHotline@wisconsin.gov)