

DO NOT CALL COMPLAINT FORM

Before you complete this form:

Please be aware that the Do Not Call Registry is published quarterly on the first business day of January, April, July, and October. If you registered during the last two weeks of the quarter, you may not appear on the next issued Registry, but will appear on the subsequent one. Registration is valid for three (3) years from the time your number first appears on the Registry.

Please Note: Telemarketers have 30 days after the publication of the Registry to remove your number from their call lists. They are not in violation of the law until this grace period has expired.

⇒ Determine whether the call is permitted under the exceptions below.

Exceptions

The following are exceptions to the Law and Rules:

- ◆ Registered Charitable Organizations;
- ◆ Religious Corporations;
- ◆ Political Parties and Committees;
- ◆ Calls in response to your request;
- ◆ Calls regarding an established business relationship that has not been terminated;
- ◆ Companies that you have purchased goods or services from within the past 18 months unless you have stated a wish not to be contacted; and
- ◆ Telemarketers who wish to arrange for a face-to-face meeting before concluding a sales transaction.

⇒ Gather as much of the information requested as possible. Without information on who contacted you, their telephone number, and when it occurred, the Consumer Protection Board may not be able to properly investigate your claim. Please see the reverse side of this page for the needed information.

Do Not Call Complaint Form

Items marked with an asterisk(*) are Required.

****Number Called by Telemarketer:*** (_ _ _) _ _ _ - _ _ _ _

**** Complainant Last Name:*** _____

****Complainant First Name:*** _____

****Address:*** _____

****City:*** _____, ***New York*** ****Zip Code:*** _____

Day Time Phone Number: (_ _ _) _ _ _ - _ _ _ _ ***Extension:*** _____

****Name of Company Selling Product or Service:***

Name of Telemarketing Firm, if available:

****Telephone number of Telemarketing Firm :*** _____

Address of Telemarketing Firm, if available:

Name of Person to Whom You Spoke, if available: _____

Name of the Manager of the Person to Whom You Spoke, if available:

****Date of Alleged Violation:*** _____

Time of Alleged Violation: _____

Address of Company, if available: _____

(Please add any additional information on the reverse side of this form)

Mail Completed Form To:

New York State Consumer Protection Board
Do Not Call Complaints
5 Empire State Plaza, Suite 2101
Albany, New York 12223-1556