

**TENNESSEE PUBLIC UTILITY COMMISSION  
DO NOT FAX PROGRAM  
502 DEADERICK STREET, 4<sup>TH</sup> FLOOR  
NASHVILLE, TN 37243**

Dear Consumer,

Enclosed is a form to be used to file a complaint for unsolicited faxes. In order to process your complaint, you must provide the following documents along with your completed complaint form:

1. The original copy of the actual unsolicited facsimile advertisement that was faxed to you.
2. The original copy of your notification to the company or person requesting Do Not Fax to your fax machine.
3. The original copy of the confirmation transmission receipt that confirms your Do Not Fax request.
4. The original copy of the second unsolicited facsimile advertisement that was faxed to you after your notification to stop sending you unsolicited facsimile advertisements.

Once we have received your complaint and the necessary documentation, we will initiate our investigation. Once we identify and locate the entity that sent you a fax, we will send a notice of alleged violation to the company for their response. The company will then have 10 working days to respond to our request for explanation. You will receive notification by mail from your investigator regarding the investigation of your complaint.

If you have any questions, please feel free to contact our office by telephone at 615-741-2904 or by email at [www.tn.gov/tpuc](http://www.tn.gov/tpuc).

Thank you for contacting the Tennessee Public Utility Commission's Do Not Fax Program.

**Tennessee Public Utility Commission  
Consumer Services Division-Do Not Fax  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, TN 37243  
Phone: (615) 741-2904  
FAX: 615-741-8953**

**DO NOT FAX COMPLAINT FORM**

1. Name/Company Name: \_\_\_\_\_  
(PLEASE PRINT YOUR FULL LEGAL NAME OR COMPANY NAME)
2. Address: \_\_\_\_\_  
STREET CITY COUNTY STATE ZIP CODE
3. Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Contact Phone: (\_\_\_\_) \_\_\_\_\_
4. Contact Person \_\_\_\_\_ E-mail: \_\_\_\_\_

**TO PROCESS THIS COMPLAINT YOU MUST COMPLETE THE FOLLOWING SECTION AND PROVIDE THE FOLLOWING INFORMATION: (Incomplete forms will not be processed)**

***The Original copy of:***

- The actual unsolicited advertisement.
- Your Notification to the company or person requesting Do Not Fax to your fax machine.
- The Confirmation transmission receipt that confirms your Do Not Fax request.
- The second unsolicited fax advertisement that was faxed to you after your request to stop the first fax advertisement.

**Fax Complaint Information**

1. Phone Number that received faxes: (\_\_\_\_) \_\_\_\_\_ Date of fax: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Phone Number where fax originated: (\_\_\_\_) \_\_\_\_\_ Time fax was received: \_\_\_\_AM/PM
3. Company Name on fax: \_\_\_\_\_
4. Product or Service advertised: \_\_\_\_\_
5. Phone number listed on fax allowing you to opt out on future faxes: (\_\_\_\_) \_\_\_\_\_
6. Address where fax originated (if known): \_\_\_\_\_  
Street City  
State Zip Code
7. Date request was made to stop fax messages: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time request was made: \_\_\_\_AM/PM
8. Please answer the following questions concerning your complaint:
- |   |  |
|---|--|
| I give permission for TPUC to obtain any records relating to the unsolicited fax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have Caller ID on the fax Number  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have retained the phone number on my Caller ID pertaining to this fax           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I would be willing to testify in court regarding this complaint                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Please describe your complaint briefly. (Please use the back of this form for additional space)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_