

**TENNESSEE REGULATORY AUTHORITY  
DO NOT FAX PROGRAM  
460 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0505  
PHONE 1-800-342-8359  
FAX: 615-741-8953**

Dear Consumer,

If you have received an unsolicited facsimile advertisement and wish to file a complaint, please use the enclosed form. In order to process your complaint, you must provide the original facsimile advertisement(s) and fill out a separate form for each unsolicited facsimile advertisement about which you are filing a complaint.

In order for us to locate and identify the parties responsible for the fax being sent, please complete the enclosed complaint form and return it to the TRA along with the actual fax you received. Once we have received your complaint and the necessary documentation, we will initiate our investigation and send a Notice of Alleged Violation to the sender of the facsimile. The sender is required to provide a response to the Notice within ten (10) days of receipt. Upon completion of the investigation, you will receive notification by mail from your investigator of the outcome of the investigation.

If you have any questions about this process, please feel free to contact our office by telephone at 615-741-3939 ext. 200 or 1-800-342-8359 ext. 200 or by email to [Tennessee.Do-Not-Fax@state.tn.us](mailto:Tennessee.Do-Not-Fax@state.tn.us)

Thank you for contacting the Tennessee Regulatory Authority's Do Not Fax Program.

**Tennessee Regulatory Authority  
Consumer Services Division-Do Not Fax  
460 James Robertson Parkway  
Nashville, TN 37243-0505  
Phone: 1-800-342-8359  
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 facsimile advertisement that is the basis for this complaint.

**Fax Complaint Information**

1. Phone Number that received fax: (\_\_\_\_\_) \_\_\_\_\_ 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. Address where fax originated (if known): \_\_\_\_\_  
Street City  
State Zip Code
6. Please answer the following questions concerning your complaint:
- |  |  |
|--|--|
| I give permission for TRA 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 |
7. Please describe your complaint briefly. (Please use the back of this form for additional space)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_