OFFICE OF ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

Dear North Dakota Consumer:

Thank you for taking the time to complete this Do Not Call Complaint. The information you have provided will help us in our efforts to protect your privacy and enforce violations of North Dakota's Do Not Call Law.

Please be aware that the North Dakota Do Not Call Law does not apply to every telemarketing call that you may receive. Before filing a complaint, make sure the call is not covered by one of the following six (6) exceptions to the North Dakota Law. If you do not know if any of these exceptions apply to the call you received, please call 1-800-472-2600 or 701-328-3404.

EXCEPTIONS

1. Calls by a volunteer or an employee of a charitable organization.

2. Calls by or on behalf of a political party, candidate or other group with a political purpose.

3. Calls made to you with your prior written request, consent, invitation or permission.

4. Calls by or on behalf of persons or companies with whom you have had an established business or personal relationship within the past 24 months.

5. Calls by an individual who intends to complete a sales presentation at a later face-to-face meeting.

6. Calls for which the exclusive purpose is to poll or solicit the expression of ideas, opinions or votes.

We cannot process your complaint unless you have been registered for at least 31 days. It is not a violation to call a subscriber who has been registered on the Do Not Call List for less than 31 days. To determine when you registered, please call toll free 1-888-382-1222, or access the information online at www.donotcall.gov .

Please complete the form in detail giving as much information about the call and caller as possible. Unfortunately, we cannot process or pursue a complaint that does not contain either the business name or business phone number.

Sincerely,

Wayne Stenehjem
Attorney General

DO NOT CALL COMPLAINT FORM

OFFICE OF ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
SFN #53893 (Rev. 11/2009)

Phone Number Telemarketer Called:			
Complainant Name:			
Address:	City:	State:	Zip Code:
Day Time Phone Number:			
**** Company name or telephone number are required to process a complaint. ****			
Name of Company Selling Product or Service:			
Telephone Number of Company:			
Address of Company (if known):			
Name of Person who contacted you (if known):			
Date of Alleged Violation:			
Time of Alleged Violation:			
Did the caller state the caller's name, telephone number, city and state, and name of business at the beginning of the call? ☐ Yes ☐ No			
Was the call a prerecorded message? ☐ Yes ☐ No			
Brief description of product or service offered in the solicitation:			
**** COMPLAINT MUST BE SIGNED ON THE REVERSE SIDE ****			

Please include any additional information about the call here:

The information contained in this complaint is true and correct to the best of my knowledge. I wish to file a complaint. I hereby authorize the Attorney General to use my name and any information contained in this complaint for the investigation of my complaint, and I consent to disclosure of any information in this complaint to others at the discretion of the Attorney General. I consent to releasing to the Attorney General any document or information relevant to the investigation of this complaint.

Signature

Date

Mail Completed Form To:
Consumer Protection Division
Office of Attorney General
Gateway Professional Center
1050 E Interstate Ave Suite 200
Bismarck, ND 58503-5574
701-328-3404 Telephone
800-472-2600 Toll Free
701-328-5568 Facsimile