



Your Name: Mr., Mrs., Ms., Miss (circle one) _____ Address: _____ City: _____ State: _____ Zip: _____ Phone # Called: _____ Daytime Phone: _____	Name of Business or Organization calling you: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Name of Person you spoke with: _____
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Date of call: _____ **Time of call:** _____ **Product or service being sold:** _____

If you have caller ID, phone number that appeared: _____

Please check the appropriate box for each question below:	YES	NO
1. Was the telemarketing message a recorded one?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you provide express invitation or permission to the telemarketer to call you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a past or current business relationship with this company?	<input type="checkbox"/>	<input type="checkbox"/>
4. If this company has called you in the past, did you tell them to not call again?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you tell the telemarketer your phone # is registered on the Oklahoma Don't Call List?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the telemarketer a member of a non profit group?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the telemarketer calling on a referral to set an appointment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the telemarketer use threatening, intimidating, or profane language?	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you be willing to testify in court regarding this complaint?	<input type="checkbox"/>	<input type="checkbox"/>

Please describe your phone call in detail: _____

