

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

Dear Consumer,

If you have received an unsolicited facsimile advertisement and wish to file a complaint, please use the enclosed form, which may be copied if multiple complaints are to be filed. In order to process your complaint(s), you must mail to the Tennessee Regulatory Authority (“TRA”) **the original facsimile advertisement(s) and a separate, completely filled-out complaint form for each unsolicited facsimile advertisement.** Because Tenn. Code Ann. Section 65-4-504(a) states that “each page of each unsolicited facsimile advertisement may constitute a separate violation,” the TRA requires a separate complaint form for each unsolicited facsimile advertisement. For evidentiary purposes, it is necessary that the original fax is mailed to the TRA in order to enforce Section 65-4-502(b) of the Do Not Fax law, which requires that specific transmission data appear on all faxed documents

In order for the TRA to investigate your complaint and locate and identify the person(s) responsible for the fax being sent, please file your complaint within 60 days of receiving of the facsimile. It is extremely difficult to track and locate the person(s) responsible for sending facsimiles after 60 days have passed since the transmission. Once the TRA has received your complaint and the original 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 that Notice to the TRA within ten (10) business days of receipt. Upon completion of the investigation, you will receive notification from us of the outcome of the investigation.

Thank you for contacting the Do Not Fax Program of the Tennessee Regulatory Authority. If you have any questions about this process or the program itself, please feel free to contact our office by telephone at 615-741-3939 ext. 162 or 1-800-342-8359 ext. 162.



PS0387 Rev. 1/09

**\*\*\* ONE-COMPLAINT-FORM \*\*\***

**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)

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