

**TENNESSEE REGULATORY AUTHORITY
DO NOT FAX PROGRAM
502 DEADERICK STREET, 4TH FLOOR
NASHVILLE, TN 37243
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, which may be copied if multiple complaints are to be filed. In order to process your complaint(s), you must send, via hard copy or electronic transmission, to the Tennessee Regulatory Authority (“TRA”) **the 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 entire fax is sent 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 to 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 receives your complaint and documentation, we will review for possible violations of the Do Not Fax law.

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 615-741-2904 or 1-800-342-8359.



Tennessee Regulatory Authority
Consumer Services Division-Do Not Fax
502 Deaderick Street, 4th Floor
Nashville, TN 37243

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. Yes No
 - I have Caller ID on the fax number. Yes No
 - I have retained the phone number on my Caller ID pertaining to this fax. Yes No
 - I would be willing to testify in court regarding this complaint. Yes No

7. Please describe your complaint briefly. (Please use the back of this form for additional space)
