

Mail completed form to:
 MS Public Service Commission
 No Call Program
 P.O. Box 1174
 Jackson, MS 39215-1174



Mississippi Public Service Commission

Cecil Brown
 Central District

Samuel F. Britton
 Southern District

Brandon Presley
 Northern District



NO CALL Subscriber Complaint

For Office Use Only	
Effective Date :	_____
NC Complaint #	_____
Closed Date:	_____

You may file complaints online at www.psc.state.ms.us/nocall

IMPORTANT! Fields marked with an asterisk (*) are required. We cannot process an incomplete form.

RESIDENTIAL CUSTOMER INFORMATION (please print & list name as it appears on your phone bill)

* Name: _____
 * Mailing Address: _____
 * City: _____ State: MS * Zip Code: _____ * County _____
 * Home Phone Number: (____) _____ (complaints cannot be filed for calls to your cell phone)
 * What company provides your telephone service? _____
 How may we contact you? _____ * Can we obtain your phone records? YES / NO
 Do you have Caller ID? YES / NO * Will you sign an affidavit? YES / NO

TELEMARKETER INFORMATION

Please complete all required (*) information for each telemarketing call:

Telemarketer Number (if known)	* Call Date	* Call Time	Product or Service Offered	* Message was a recording	* I have an existing or prior business relationship
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO
				YES / NO	YES / NO

Identify any additional information about the complaint(s): _____

* Signature: _____ * Date: _____