

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: _____

NOTE: You may also file complaints online at www.psc.state.ms.us/nocall/complaint.aspx
IMPORTANT! Fields marked with an asterisk (*) are required. We cannot process an incomplete form.

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

- * Name: _____
- * Physical / Mailing Address: _____
- * City: _____ State: MS * Zip Code: _____ * County _____
- * What company provides your telephone service? _____
- * What phone number received the call or text message? (_____)
- * How may we contact you? _____ * May 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	* Was this a text message?	* Was the message a recording?	* Do you 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
				YES / NO	YES / NO	YES / NO
				YES / NO	YES / NO	YES / NO

Additional Comments (if the complaint is in regard to a text message, please include the complete text of said message):

* Signature: _____ * Date: _____