

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



Mississippi Public Service Commission

Brent Bailey  
 Central District

Dane Maxwell  
 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 <https://nocallportal.psc.ms.gov/portal/main-home-screen>**

**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: \_\_\_\_\_