



DMA/BBB Dispute Resolution Program
Complaint Response Form



Please provide the information requested and attach any documents that will help us better understand the dispute.

SECTION 1: Your Contact Information

Your Name:		Your Title/Position:	
Your Company/Organization:			
Mailing address:			
City:		State:	Zip code:
Day phone:		Evening phone:	Cell phone:
Fax:		E-mail address:	

SECTION 4: Desired Outcome (Describe what you believe is an appropriate outcome)

Section 5: Please indicate your preferred dispute resolution method

Signature

Date