



KWAME RAOUL

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Consumer Fraud Bureau
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Individuals with hearing or speech disabilities
can reach us by using the 7-1-1 relay service.
www.IllinoisAttorneyGeneral.gov

Office Use Only

CLMS: _____

AG: _____

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

Name: Mr. Mrs. Ms. (check one)

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Your Telephone Number:

Daytime: _____ - _____ - _____ Ext.: _____

Evening: _____ - _____ - _____ Ext.: _____

Your e-mail address (optional): _____

Are you a senior citizen? Yes No

Are you a veteran? Yes No

Are you a service member? Yes No

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Ext.: _____

Website: _____

Additional seller or provider of service involved in transaction:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ Ext.: _____

Website: _____

Has this matter been submitted to another government agency, an arbitration service, or to any attorney? Yes No

If yes, please give name, address, telephone: _____

Is court action pending? Yes No

INFORMATION ABOUT THE TRANSACTION

Date of Transaction: _____

Did you sign a contract? Yes No
(If yes, please attach a copy)

Date contract was signed: _____

Was the product or service advertised? Yes No When? _____ (Please attach a copy of the advertisement, if applicable.)

How was the service advertised?

- Newspaper/magazine
- Radio advertisement
- Television advertisement
- Internet advertisement
- E-mail solicitation
- Direct mail solicitation
- Telephone solicitation
- Yellow pages of the telephone book
- Facsimile solicitation
- Door-to-door solicitation
- Display at merchant's place of business
- Display at a trade show/convention, etc.
- Other _____

Total Cost of product/service: \$0.00 _____

Amount paid to date/down payment: \$0.00 _____

Method of payment (check one) (Please attach a copy.)

Cash Check Money Order Credit Card Debit Card Bank Draft
Wire Transfer Automatic Debit Other _____

If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes No

(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

Where did the transaction take place?

- At my home
- Over the telephone
- By mail
- Over the Internet
- Trade show/convention/home show
- At the firm's place of business
- By facsimile
- Other (Please specify) _____
- There was no transaction

Have you complained to the company or individual?

Yes No

If yes, provide name and phone number of the individual(s):

FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:

Make: _____	Model: _____	Year: _____	New: Yes <input type="checkbox"/> No <input type="checkbox"/>	As-Is: Yes <input type="checkbox"/> No <input type="checkbox"/>
Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date: _____	Name of Extended Warranty: _____	Purchase Date: _____	Current Mileage: _____	Mileage at Purchase: _____

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint.**

PLEASE DO NOT SEND ORIGINALS.

What form of relief are you seeking? (E.g., exchange, repair, money back, product delivery, etc.)

READ THE FOLLOWING BEFORE SIGNING BELOW:

- In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless the box below is checked.
- By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters connected with this complaint.

Signature: _____ **Date:** _____

Please do not send this complaint to the business complained about.

Please print and send the completed form to the address at the top of this complaint form.