



KWAME RAOUL

Illinois Attorney General
Franchise Bureau
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Springfield, Illinois 62706
(217) 782-4465

Please fill in the requested information,
print the completed form and mail it with
copies of all supporting documents.

www.IllinoisAttorneyGeneral.gov

(Click on Protecting Consumers; then Franchise information)

Information about YOU:		Information about the Franchisor or Seller:	
Your Name: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> (check one)		Name:	
Company Name:		Address:	
Address:		City: State: Zip Code:	
City: State: Zip Code:		Email:	
Your Daytime Telephone Number:		Name of contact person representing seller:	
Your e-mail address: _____		Address:	
How would you like us to contact you?		City: State: Zip Code:	
Who referred you to this office?		Telephone:	
		Email:	
Information about the Transaction			
Did you receive a disclosure document telling you about the franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Received: _____			
If yes, please submit a copy of the receipt page along with this form and other relevant documents.			
Did you sign a contract, license or agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a signed and dated copy)			
Where were you when you signed the contract? _____			Date Signed: _____
Did any negotiations or offers occur in Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____			
Describe: _____			
Franchise Fee Amount Paid: _____			
How was Franchise Fee Paid? <input type="checkbox"/> Lump Sum <input type="checkbox"/> Installments Other: _____			
Total Investment: _____			
List any oral representations or promises made to you: _____			
Was franchise investment advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CONTINUE ON NEXT PAGE

Have you complained to the company or an individual? Yes No

If yes, provide names of person(s) contacted: _____

Nature of complaint: _____

Contact date: _____

Nature of response: _____

Date of response: _____

Please include copies of your complaint and response with this form.

Has your franchise ever opened? Yes No If yes, when: _____

Is your franchise currently open or closed? Yes No If closed, when did it close? _____

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

If yes, please give name, address, telephone number of such agency, service, court or attorney.

If arbitration or court case was filed, provide case # _____

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all relevant documents, such as: dated and signed copy of receipt page; dated and signed contracts, license or franchisee agreements, financial representations etc.

PLEASE DO NOT SEND ORIGINALS, ATTACH COPIES OF DOCUMENTS THAT RELATE TO YOUR COMPLAINT.

What outcome are you seeking? _____

PLEASE READ THE FOLLOWING BEFORE SUBMITTING YOUR COMPLAINT:

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing laws designed to protect the public from misleading or unlawful business 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. The above complaint is true and accurate to the best of my knowledge.

Signature: _____

Date: _____