# Lisa Madigan

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Franchise Bureau
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www.illinoisattorneygeneral.gov
(Click on Protecting Consumers; then Franchise information)


## Franchise Complaint Form

| **Information about YOU:** | **Information about the Franchisor or Seller:** |
|---|---|
| Your Name: _____<br>Company Name: | Name: |
| Address : | Address: |
| City: State zipcode | City: State zipcode |
| Your Daytime Telephone Number:<br><br>Your E-mail address:<br>How would you like us to contact you? | Telephone ( )<br><br>Names of contact persons representing seller: |
| Who referred you to this office? | Address<br>City State Zip Code<br>Telephone ( ) Email address: |

**Information about the Transaction**

Did you receive a disclosure document telling you about the franchise? Yes ☐ 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? Yes ☐ 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? Yes ☐ No ☐ If yes, when _____
Describe:

Franchise Fee Amount Paid:
How was Franchise Fee Paid? Lump sum ☐ Installments ☐ Other_____
Total Investment:

List any oral representations or promises made to you:

Was franchise investment advertised? Yes ☐ No ☐ If yes, where and when?

| |
|---|
| Have you complained to the company or an individual? Yes ☐ No ☐<br><br>If yes, provide names of person(s) contacted: _____<br>Nature of complaint:<br>Contact date:<br>Nature of response:<br>Date of response:<br>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.

**DO NOT SEND ORIGINALS**.

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| 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**:_____