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Consumer Fraud Bureau
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Office Use Only	
CLMS:	_____
AG:	_____

YOUR INFORMATION:	NAME OF SELLER OR PROVIDER OF SERVICE:
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<p>Name: Mr., Mrs., Ms. (circle one) _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip code: _____ County: _____</p> <p>Your Telephone Number: Daytime (_____) _____ Evening (_____) _____</p> <p>Your e-mail address (optional): _____</p> <p>Are you a senior citizen? Yes No Are you a veteran? Yes No Are you a service member? Yes No</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p> <p>Telephone (_____) _____</p> <p>Website: _____</p> <hr/> <p>Additional seller or provider of service involved in transaction:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip code: _____</p> <p>Telephone (_____) _____</p> <p>Website: _____</p>
<p>Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes No</p> <p>If yes, please give name, address, telephone number #. _____</p> <p>Is court action pending? Yes No</p>	

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 available)		

<p>How was the service advertised?</p> <p><input type="checkbox"/> Newspaper/magazine</p> <p><input type="checkbox"/> Radio advertisement</p> <p><input type="checkbox"/> Television advertisement</p> <p><input type="checkbox"/> Internet advertisement</p> <p><input type="checkbox"/> E-mail solicitation</p> <p><input type="checkbox"/> Direct mail solicitation</p> <p><input type="checkbox"/> Telephone solicitation</p> <p><input type="checkbox"/> Yellow pages of the telephone book</p> <p><input type="checkbox"/> Facsimile solicitation</p> <p><input type="checkbox"/> Door-to-door solicitation</p> <p><input type="checkbox"/> Display at merchant's place of business</p> <p><input type="checkbox"/> Display at a trade show/convention, etc.</p> <p><input type="checkbox"/> Other _____</p>	<p>Total Cost of product/service: \$ _____</p> <p>Amount paid to date/down payment: \$ _____</p> <p>Method of payment (circle one) (Please attach a copy) Cash Check Money Order Credit Card Debit Card Bank Draft Wire Transfer Automatic Debit Other _____</p> <p><i>If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes No</i></p> <p><i>(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)</i></p>
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Last Name: _____

Additional Information for Mortgage-Related Consumer Complaint

Are you current in your mortgage payments? _____ Yes _____ No

If no, how many payments are you behind? \$ _____

Primary reason for default: _____ Decrease in income _____ Increase in loan payment

_____ Medical _____ Increased expenses _____ Divorce/Separation _____ Job loss

_____ Death of family member _____ Business failed

Explain: _____

When is the last month you made a payment? _____ What month was it for? _____

Do you reside in the home? _____ Yes _____ No

Do you have any money saved? _____ Yes _____ No How much? \$ _____

How much are your mortgage payments? \$ _____

Does this include taxes and insurance? _____ Yes _____ No

If not, how much are your property taxes and homeowner's insurance per month:

Property Taxes: \$ _____ Homeowner's Insurance: \$ _____

Monthly Homeowner Association Dues: \$ _____

Have you contacted your lender? _____ Yes _____ No

If yes, what was their response? _____

What is your total gross monthly household income? \$ _____

Have you received foreclosure papers? _____ Yes _____ No

If yes, when did you receive papers? _____

Do you have a pending sale date? _____ Yes _____ No Date: _____

Are you currently in a Chapter 13 bankruptcy? _____ Yes _____ No

What type of loan do you have? _____ Fixed rate _____ Adjustable rate _____ Interest only loan

_____ Pay Option ARM (Adjustable Rate Mortgage) _____ FHA/VA _____ Don't know

What is your current interest rate? _____

**Please print and send the completed form to the address at the top of the complaint form.
Incomplete forms may be returned.**