



LISA MADIGAN



Illinois Attorney General
Consumer Fraud Bureau
500 South Second Street
Springfield, Illinois 62706

Office Use Only

CLMS: _____

AG: _____

217-782-1090 • 1-800-243-0618 (Toll free in Illinois) • TTY: 1-877-844-5461

www.IllinoisAttorneyGeneral.gov

YOUR INFORMATION:

Name: Mr., Mrs., Ms. (circle one) _____

Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Your telephone number(s): Daytime: () _____ Evening: () _____

Your e-mail address (optional): _____

Are you a senior citizen? Yes No

Who referred you to this office? _____

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: () _____

Web site: _____

Additional seller or provider of service involved in transaction:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: () _____

Web site: _____

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

If yes, please give name, address, telephone number.

Is court action pending? Yes No

INFORMATION ABOUT THE TRANSACTION:

Date of transaction: _____

Did you sign a contract? Yes No

If yes, date contract was signed: _____ (Please attach a copy.)

Was the product or service advertised? Yes No

If yes, when? _____

(Please attach a copy of the advertisement, if available.)

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 (please specify) _____

Total cost of product/service: \$ _____

Amount paid to date/down payment: \$ _____

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

- Cash
- Check
- Money Order
- Credit Card
- Debit Card
- Bank Draft
- Wire Transfer
- Automatic Debit
- Other (please specify) _____

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:

Make: _____

Model: _____

Year: _____

Purchase date: _____

Current mileage: _____

Mileage at purchase: _____

New: Yes No

As-Is: Yes No

Warranty: Yes No

If yes, expiration date: _____

Name of extended warranty: _____

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 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, unless I have checked the box below. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Check here if you **only** want to notify our office of your concerns and **do not** want a mediation process initiated.

**Please return the completed form to the address at the top of this complaint form.
Incomplete forms may be returned.**

