



KWAME RAOUL
 Illinois Attorney General
 Consumer Fraud Bureau
 500 South Second Street
 Springfield, Illinois 62701

Office Use Only

AG: _____

CLMS: _____

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

YOUR INFORMATION:

Check One: Mr. Mrs. Ms. **Name:** _____
 (Last, First)

Address: _____

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

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

Your e-mail address (optional): _____

Are you a: **Senior Citizen?** Yes No **Veteran?** Yes No **Service Member?** Yes No

Who referred you to this office? _____

NAME OF SELLER OR PROVIDER OF SERVICE:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Web site: _____

Additional seller or provider of service involved in transaction:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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 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.