KWAME RAOUL

Illinois Attorney General
Consumer Fraud Bureau
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Office Use Only

CLMS: _____

AG: _____

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

YOUR INFORMATION:

Name: Mr. ☐ Mrs. ☐ Ms. ☐ (check one)

Address:

City: State: Zip Code: County:

Your Telephone Number:

Daytime: - - Ext.:

Evening: - - Ext.:

Your e-mail address (optional):

Are you a senior citizen? Yes ☐ No ☐

Are you a veteran? Yes ☐ No ☐

Are you a service member? Yes ☐ No ☐

NAME OF SELLER OR PROVIDER OF SERVICE:

Name:

Address:

City: State: Zip Code:

Telephone: - - Ext.:

Website:

Additional seller or provider of service involved in transaction:

Name:

Address:

City: State: Zip Code:

Telephone: - - Ext.:

Website:

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

If yes, please give name, address, telephone:

Is court action pending? Yes ☐ No ☐

INFORMATION ABOUT THE TRANSACTION

Date of Transaction:

Did you sign a contract? (If yes, please attach a copy) Yes ☐ No ☐

Date contract was signed:

Was the product or service advertised? Yes ☐ No ☐ When? _____ (Please attach a copy of the advertisement, if applicable.)

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 _____

Total Cost of product/service: $0.00

Amount paid to date/down payment: $0.00

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

Cash ☐ Check ☐ Money Order ☐ Credit Card ☐ Debit Card ☐ Bank Draft ☐

Wire Transfer ☐ Automatic Debit ☐ Other _____

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, PLEASE COMPLETE THIS BOX:

Make: _____	Model: _____	Year: _____	New: Yes ☐ No ☐	As-Is: Yes ☐ No ☐
Warranty: Yes ☐ No ☐ Expiration Date: _____	Name of Extended Warranty: _____	Purchase Date: _____	Current Mileage: _____	Mileage at Purchase: _____

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.

Print Form

Reset Form

KWAME RAOUL
ILLINOIS ATTORNEY GENERAL

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/Seperation ☐ Death of family member ☐ Job loss ☐ 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 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: $ _____ Homeowners Insurance: $ _____

Monthly Homeowner Association Dues: $ _____

Have you contacted your lender? ☐ Yes ☐ No

If yes, what was their response? _____

What was 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.