



# KWAME RAOUL

Illinois Attorney General  
Consumer Fraud Bureau  
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Springfield, IL 60701

1-800-243-0618

Individuals with hearing or speech disabilities  
can reach us by using the 7-1-1 relay service.

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

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? 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 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 <input type="checkbox"/> No <input type="checkbox"/> | As-Is: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/><br>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.