



KWAME RAOUL

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

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.)

☐ 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

Yes ☐ No ☐

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"/> Expiration Date: _____	Name of Extended Warranty: _____	Purchase Date: _____	Current Mileage: _____	Mileage at Purchase: _____

PLEASE DO NOT SEND ORIGINALS.

[illegible]

- 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.

☐ Please do not send this complaint to the business complained about.

Rev. 1/17/2019 (sd)