

CTS NO. _____
REGIONAL NO. _____
CATEG. CODE: _____

Consumer Complaint Form

1. Please be sure to complain to the company or individual before filing.
2. Please type or print clearly in dark ink.
3. Incomplete or unclear forms will be returned to you.
4. Make sure you enclose copies of important papers concerning your transaction.

Consumer

Name: _____ Senior Citizen? Yes No
Day Telephone: _____ Night Telephone: _____
Address: _____ City: _____ State: _____ Zip: _____

Complaint

Name of Seller or Provider of Services: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____

Name of Other Seller or Provider of Services: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____

Date of Transaction: _____ Cost of Product: _____ How Paid: _____

Did you sign a contract? Yes No Where? _____ Date: _____

Was product or service advertised? Yes No Where? _____ Date: _____

Type of Complaint (e.g. car, mail order, etc.) please provide details:

Have you complained to the company or the individual? Yes No Date: _____

How? By Phone By Mail In Person Other _____

Person Contacted: _____ Job Title: _____

Nature of Response: _____ Date: _____

Has matter been submitted to another agency or attorney? Yes No

If yes, give name and address: _____

Is court action pending? Yes No

Fill out a complaint if about a motor vehicle or appliance

Make: _____ Model: _____ Year: _____

Mileage: _____ Purchased: New Used Sold: With Warranty As Is

Fill out a complaint if about a motor vehicle or appliance

Briefly describe your complaint: _____

What form of relief are you seeking (e.g. exchange, repair, refund, etc.)? _____

Who referred you to this office? _____

READ THE FOLLOWING BEFORE SIGNING BELOW.

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, canceled checks - front and back, correspondence, etc.) **DO NOT SEND ORIGINALS.**

In order to resolve your complaint we may send a copy of this form to the person or firm you are complaining about.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing 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 objections to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Have you enclosed copies of important papers?

Return to: **Attorney General Jim Ryan
Consumer Protection Division
500 South Second Street
Springfield, IL 62706
217/782-1090 or 800/243-0618**