

LISA MADIGAN



Illinois Attorney General Consumer Fraud Bureau 500 South Second Street Springfield, Illinois 62706

Office Use Only	
CLMS:	
AG:	

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

YOUR INFORMATION:			
Name: Mr., Mrs., Ms. (circle one)			
Address:			
City:	State:	Zip code:	County:
Your telephone number(s): Daytim	ne: ()	Evening	g: ()
Your e-mail address (optional):			
Are you a senior citizen? Yes	□ No		
Who referred you to this office?			
NAME OF SELLER OR PROVID	ER OF SER	VICE:	
Name:			
Address:			
City:	State:	Zip code:	
Telephone: ()			
Web site:			
Additional seller or provider of	service invo	lved in transaction:	1
Name:			
Address:			
City:			
Telephone: ()			
Web site:			
Has this matter been submitted to	another gove	ernment agency, an a	rbitration service, or
an attorney?			
If yes, please give name, address,	telephone nu	mber.	
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	e.)			
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 cop	y.)			
☐ Cash ☐ Check ☐ I	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	d your credit card company			
to register a dispute?				
(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?
-
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
New:
As-Is:
As-Is:
As-Is:

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.
TEAGE BO NOT GEND GINGINALS.
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 busi-
ness 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 I have checked the box below. The above complaint is true and accurate to
the best of my knowledge.
,
Signature: Date:
☐ Check here if you only want to notify our office of your concerns and do not want a
mediation process initiated.

Please return the completed form to the address at the top of this complaint form. Incomplete forms may be returned.