

**KIMBERLY M. FOXX  
COOK COUNTY STATE'S ATTORNEY**

**COOK COUNTY STATE'S ATTORNEY'S OFFICE  
SPECIAL PROSECUTIONS BUREAU, CONSUMER FRAUD UNIT  
69 WEST WASHINGTON - SUITE 3130  
CHICAGO, IL 60602  
312/603-8600  
312/603-9830 (FAX)**

For Official Use Only:

Open Date: \_\_\_\_\_ File #: \_\_\_\_\_ ASA: \_\_\_\_\_

**CONSUMER COMPLAINT FORM**

1. Please TYPE or PRINT clearly on this form in dark ink - an incomplete or illegible form will be returned to you.
2. Please enclose COPIES of all important documents, including contracts, correspondence, receipts, proof of payment, fronts and backs of checks, pamphlets, advertisements, etc.
3. Please keep your original documents in a safe place.
4. Mail the complaint form to the Cook County State's Attorney's Office, at the above address.

**CONSUMER INFORMATION:**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

**YOUR COMPLAINT IS AGAINST:**

Name of Seller or Provider of Services: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Type of Contract:            Written \_\_\_ Oral \_\_\_ Not Applicable \_\_\_

Did you sign a contract? Yes \_\_\_ No \_\_\_ Date of Contract: \_\_\_\_\_

Person you dealt with: \_\_\_\_\_

Location where you entered into the contract: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Amount of Money Actually Paid: \_\_\_\_\_

Method of Payment:        Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Other \_\_\_

Payment(s) Given To: \_\_\_\_\_

Location where you made payment: \_\_\_\_\_

Was the product or service advertised?        Yes \_\_\_ No \_\_\_

Where: \_\_\_\_\_ Date of Advertisement: \_\_\_\_\_

Have you complained to the company or individual?    Yes \_\_\_ No \_\_\_

Method of Complaint: Mail \_\_\_ Telephone \_\_\_ In Writing \_\_\_ In Person \_\_\_ Date: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Response: \_\_\_\_\_ Nature of Response: \_\_\_\_\_

**APPROXIMATE DESCRIPTION OF PERSON YOU DEALT WITH:**

Sex: \_\_\_ Race: \_\_\_ Ht.: \_\_\_ Wt.: \_\_\_ Hair Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_ Complexion: Dark \_\_\_ Medium \_\_\_ Light \_\_\_

Eye Color: \_\_\_\_\_ Scars/Marks/Tattoos: \_\_\_\_\_

Build of Defendant: Stocky \_\_\_ Medium \_\_\_ Slight \_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Have you submitted your complaint to the local police (Yes \_\_\_ No \_\_\_), another government agency (Yes \_\_\_ No \_\_\_), or a private attorney (Yes \_\_\_ No \_\_\_)?

If yes, give the name, address, and telephone number of the police department, government agency, and/or private attorney. Please enclose a copy of any police report.

\_\_\_\_\_

Is a court action pending? Yes \_\_\_ No \_\_\_ If yes, identify the plaintiff(s), defendant(s), case number, and name of court: \_\_\_\_\_

Briefly describe the nature of your complaint. If needed, use additional paper.

What type of result are you seeking (e.g. repair, refund, etc.)?

How did you learn of the Consumer Fraud Unit? \_\_\_\_\_

**PLEASE INCLUDE PHOTOCOPIES of any DOCUMENTS involved (contracts, receipts, proof of payment, advertisements, cancelled checks (front and back), correspondence, certified mail receipts, etc.). DO NOT SEND ANY ORIGINAL DOCUMENTS.**

**PLEASE READ THE FOLLOWING BEFORE SIGNING BELOW**

**I understand and agree that the State's Attorney's Office may send a copy of my complaint form and/or disclose my identity and the nature of the complaint to (i) other government agencies, (ii) the person or business that I am complaining about, and/or (iii) other third parties.**

**I understand that the Cook County State's Attorney's Office is not my private attorney on this matter, but the State's Attorney's Office represents the public in enforcing laws against fraudulent business practices. If I have any questions concerning my legal rights or responsibilities, I will contact a private attorney.**

**I certify that the above complaint is true and accurate to the best of my knowledge.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please note: After you return the complaint form to our Office, your case will be assigned a file number and then reviewed by an Assistant State's Attorney. At this screening level, a case may be declined for prosecution, referred to another government agency, or retained for further investigation. Even if your case is retained for an investigation, the Consumer Fraud Unit cannot guarantee a prosecution of this matter. Remember, you may have to resort to legal self-help methods, such as obtaining a private attorney or filing a claim in Pro Se/Small Claims Court, to resolve this dispute. Finally, litigation can be a long process and refunds are not guaranteed.**