HOME REPAIR FRAUD 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: ___________________________ Work Telephone: ___________________________
Cellular Telephone: ___________________________ E-Mail Address: ___________________________

YOUR COMPLAINT IS AGAINST:

Name of Seller or Provider of Services: ___________________________
d/b/a/ or a/k/a: ___________________________
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: ____________________________
Name of the person you dealt with to create contract: ________________________________
Location where you entered into contract ____________________________________________

Were you given a “Home Repair: Know Your Consumer Rights” pamphlet?

Did you make a down payment?  Yes_____ No_____
Date and amount of down payment: _________________________________________________
Location where you made a down payment: __________________________________________
Method of down payment:  Cash _____ Check _____ Credit Card _____ Other _________
Name of the person to whom you gave a down payment: _____________________________
Date and amount of any additional payments:
Name of the person to whom you gave any additional payments: ______________________
Total Cost of home repair: ______________ Total amount of money given: _______________
Method(s) of payment:  Cash _____ Check _____ Credit Card _____ Other _________
Address of property where work was to be performed:
Work was to be performed on: residence _____ business _____ other: _____
If applicable, was work performed on an apartment building, six units or less?  ___Yes ___No
How much (%), if any, of the work was performed?
What, if any, building materials or supplies were delivered?
Did you get any money back?  Yes___ No____ If yes, please explain.

Have you complained to the company or individual?    Yes____ No____
Method of Complaint:  Mail ______ Telephone ______ In Writing ______ In Person _______
Date(s): ______________________________

Person Contacted: _____________________________ Position: __________________________

Date of Response: ___________________ Nature of Response: ________________________

Did you request a refund?   Yes_____ No _____

Method of request: Regular Mail _____ Certified Mail _____ Telephone _____
In Person _____ Other ________

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 this matter to the local police department (Yes__ No__), or another agency (Yes__ No__), or a private attorney (Yes__ No__)?

If yes, identify the above by name and if not readily available, give the address and telephone number as well. 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.