COMPLAINT FORM – IMMIGRATION SERVICE PROVIDER

This form can be used to file a complaint against a person or company that you believe is falsely representing themselves as an immigration provider or targeting immigrant communities for immigration-related scams.

1. Please TYPE or PRINT clearly on this form in dark ink
2. Please enclose COPIES of all important documents, including contracts, receipts, proofs of payment, advertisements, etc. Please keep your original documents in a safe place.
3. The Office will refuse all requests for disclosure of this complaint form or its contents, and the underlying records, to the fullest extent possible under the law, including pursuing appeals where applicable.

INFORMATION ABOUT YOU

Your Name: ______________________________________ Date of Birth: __________
Street Address: ___________________________ County: __________
City / Town: ___________________________ State: _________ Zip Code: __________
Home Phone: ______________________ Cell Phone: ______________________
E-mail address:_______________________________

YOUR COMPLAINT IS AGAINST: (please complete as much information as you have)

Name of the person who offered immigration services:____________________________________
Business name and address:___________________________________________________________
Business telephone: ______________________ Cell phone: ________________________________
How did you come in contact with the Immigration Service Provider (“Provider”)?____________

Did the Provider advertise his/her services? Yes ____ No _____ (radio/print/church bulletin, TV)
Where and when did you meet with the Provider?_______________________________________

What immigration services did the Provider offer? How did they say they could help you?________

____________________________________________

TO BE COMPLETED BY ASA: Open Date: _________ File # _________ ASA: __________________
Did you believe the Provider was an lawyer/attorney/notario?  Yes ___ No ____ If yes, please explain.  

Did the Provider say she/he was a lawyer/attorney/notario? Yes ___ No ____

What services did you hire the Provider to perform?  

Did you sign a written contract?  Yes ____ No _____ If yes, date signed:  

Total amount charged: __________ Total amount paid: __________

Method of payment(s): Check/money order _______ Cash _______ Credit Card ________

Date(s) and location(s) where payments were made:  

Please include copies of any cash receipts or other writing showing any payment you made.

Did the Provider interview you or your family relative about your eligibility to receive an immigration benefit like a visa, work permit, green card, asylum, etc.? Yes ____ No ____

Did the Provider get any immigration forms for you? Yes ____ No ____

Did the Provider complete any immigration forms for you? Yes ____ No ____

Did the Provider offer to represent you in connection with your immigration case? Yes ____ No ____

Did the Provider tell you that he/she could expedite the processing of your immigration papers, or obtain special favors from U.S. Citizenship & Immigration, the Illinois Secretary of State, or any other government agency? Yes ___ No ____ If yes, what did he or she say?

Did you receive the benefit that the Provider offered? (Did you get the visa, work permit, green card, Citizenship, etc.) , Yes ___ No ____ If no, what explanation were you given for why not?

Have you complained to the Provider? Yes ____ No ____

Method of Complaint: Mail ______ Telephone _______ In Person ________________

Person contacted: __________________ Position __________________

Did you get a response? If so, what?:

Did you receive a refund of your money? Yes ___ No ____ If not, did they say why not?
APPROXIMATE DESCRIPTION OF PERSON YOU DEALT WITH:

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color: ____________

Age: _____ Complexion: Dark _____ Medium _____ Light _____

Eye Color: ____________ Scars/Marks/Tattoos: ____________

Date of birth (if known): ____________________ Social Security number (if known): ____________

Drivers license Number (if known): ____________

Have you submitted your complaint to the local police yes__ no__, another government agency yes__ no__, or a private attorney? yes__ no__ If yes, please give the name, address and telephone number of police department, government agency, and/or private attorney. Please enclose a copy of any police report.

Is there a court case pending? yes__ no__ If yes, please identify the plaintiff and the defendant, case number, and the name of the court: ____________________

How did you learn about the State’s Attorney’s Consumer Fraud Unit? ____________

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

Check here if you want our office to be aware of this complaint for information purposes only: ☐

READ THE FOLLOWING BEFORE SIGNING BELOW: In filing this complaint, I understand the CCSAO is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have questions concerning my legal rights or responsibilities, I should contact a private attorney. In the event the CCSAO brings a civil or criminal complaint, 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 above indicating this is for informational purposes only. The above complaint is true and correct to the best of my knowledge.

Signature: ____________________________ Date: ____________