

**COOK COUNTY STATE'S ATTORNEY'S OFFICE  
SPECIAL PROSECUTIONS BUREAU - CONSUMER FRAUD UNIT  
50 WEST WASHINGTON - SUITE 2750  
CHICAGO, IL 60602  
312-603-8600**

### **PRICE GOUGING COMPLAINT FORM**

This Form applies only to complaints alleging the charging of excessively high prices for goods or services during the current state of emergency in Illinois caused by the COVID-19 outbreak.

Please answer each question and forward the form to the following address: **Cook County State's Attorney's Office, Consumer Fraud Unit, 50 West Washington - Suite 2750, Chicago, IL, 60602**. You also may electronically submit this form via email to [sao.consumerfraud@cookcountyil.gov](mailto:sao.consumerfraud@cookcountyil.gov). Please remember to sign and date the last page of the form and to send any supporting documents. The State's Attorney's Office may request additional documents from you later.

#### **I. CONTACT INFORMATION**

**Name:**

**Age:**

**Home Address:**

**Telephone Number (Home):**

**Telephone Number (Work):**

**Telephone Number (Cell):**

**E-Mail Address:**

## **II. INFORMATION ABOUT THE COMPANY OR PERSON ENGAGED IN PRICE GOUGING**

1. Please identify the name, address, and contact information (telephone number and email address) of the company or person(s) who allegedly engaged in the price gouging incident.

## **III. INFORMATION ABOUT THE PRODUCT OR SERVICE**

2. What type of product or service was involved in the price gouging incident?

3. What was the brand and manufacturer of the product?

4. What was the model number of the product?

5. What was the size of the product?

## **IV. PRICE BEFORE THE EMERGENCY PROCLAMATION**

**On March 9, 2020, Illinois Governor J.B. Pritzker issued an emergency Disaster Proclamation for Illinois in response to the emerging public health crisis caused by COVID-19.**

6. What was the price of the product or service before the emergency Proclamation?

7. How do you know the accurate price of the product or service before the emergency Proclamation?

## V. KNOWLEDGE OF THE SELLER

8. Regarding the offer or purchase of the product or service, how did you become aware of the seller?

## VI. CIRCUMSTANCES OF THE OFFER

9. How did the seller make an offer of an excessively high price for the product or service to you?

10. When did the seller make an offer of an excessively high price for the product or service to you?

11. What was the address of the location where you were when the seller made an offer of an excessively high price for the product or service?

12. What was the amount of the excessively high price of the product or service quoted to you?

## VII. EXPLANATION PROVIDED BY THE SELLER

13. Did you ever seek an explanation from the seller for the excessively higher than normal price for the product or service?

\_\_\_\_\_ Yes \_\_\_\_\_ No

14. Did the seller provide you with an explanation for the excessively higher than normal price for the product or service?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes" to Question #14, please provide a brief summary of the explanation provided to you by the seller.

If you answered "Yes" to Question #14, please identify the name of the person who provided the explanation to you.

If you answered "Yes" to Question #14, please identify the date of the explanation.

If you answered "Yes" to Question #14, please identify the name, address, and contact information (telephone number and email address) of any other person that you are aware of who heard or received the same explanation from the seller.

### VIII. FINANCIAL LOSS

15. Did you purchase the product or service for an excessively higher than normal price?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes" to Question #15, please identify the purchase price.

If you answered "Yes" to Question #15, please identify the date of the purchase.

16. What, if any, financial loss did you incur because of the alleged price gouging?

## **IX. REQUEST FOR ACTION**

17. What result are you seeking from the State's Attorney's Office because of the alleged price gouging?

## **X. IDENTIFICATION OF OTHER WITNESSES**

18. Please identify the name, address, and contact information (telephone number and email address) of any other person who has personal knowledge of the price gouging incident.

## **XI. COMPLAINT MADE TO ANOTHER GOVERNMENT AGENCY**

19. Did you file a price gouging complaint with any other government agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "Yes" to Question #19, please provide the name, address, and telephone number of the other government agency where you filed the complaint.

## **XII. ADDITIONAL INFORMATION**

20. Finally, please use the space below or a separate piece of paper to provide any additional information, which you believe, is important for the State's Attorney's Office to consider as part of its review or investigation of the price gouging incident.

**PLEASE INCLUDE COPIES of any RELEVANT DOCUMENTS (advertisements, web pages, photographs, contracts, receipts, proof of payment, cancelled checks (front and back), credit card statements, correspondence, etc.). DO NOT SEND ANY ORIGINAL DOCUMENTS!**

**I understand and agree that the State's Attorney's Office may send a copy of my complaint form and disclose my identity and the nature of my 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 acting as my private attorney and that the State's Attorney's Office represents the public in the enforcement of various civil laws against fraudulent business practices. If I have any questions concerning my legal rights or responsibilities, I understand that I should consult a private attorney.**

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

**Signature (by typing your name in this field you are signing this document):**

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**Printed Name:** \_\_\_\_\_

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