



# LISA MADIGAN



Illinois Attorney General  
Consumer Fraud Bureau  
500 South Second Street  
Springfield, IL 62706  
217-782-1090

1-800-243-0618 (Toll free in IL)

TTY: 1-877-844-5461

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

Office Use Only

CLMS: \_\_\_\_\_

AG: \_\_\_\_\_

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

## YOUR INFORMATION: NAME OF SELLER OR PROVIDER OF SERVICE:

Name: Mr.  Mrs.  Ms.  (check one)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Your Telephone Number:

Daytime: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Evening: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Your e-mail address (optional): \_\_\_\_\_

Are you a senior citizen? Yes  No

Are you a veteran? Yes  No

Are you a service member? Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Website: \_\_\_\_\_

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Additional seller or provider of service involved in transaction:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

Website: \_\_\_\_\_

Has this matter been submitted to another government agency, an arbitration service, or to any attorney? Yes  No

If yes, please give name, address, telephone: \_\_\_\_\_

Is court action pending? Yes  No

## INFORMATION ABOUT THE TRANSACTION

Date of Transaction: _____	Did you sign a contract? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please attach a copy)	Date contract was signed: _____
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Was the product or service advertised? Yes  No  When? \_\_\_\_\_ (Please attach a copy of the advertisement, if applicable.)

<p><b>How was the service advertised?</b></p> <p><input type="checkbox"/> Newspaper/magazine</p> <p><input type="checkbox"/> Radio advertisement</p> <p><input type="checkbox"/> Television advertisement</p> <p><input type="checkbox"/> Internet advertisement</p> <p><input type="checkbox"/> E-mail solicitation</p> <p><input type="checkbox"/> Direct mail solicitation</p> <p><input type="checkbox"/> Telephone solicitation</p> <p><input type="checkbox"/> Yellow pages of the telephone book</p> <p><input type="checkbox"/> Facsimile solicitation</p> <p><input type="checkbox"/> Door-to-door solicitation</p> <p><input type="checkbox"/> Display at merchant's place of business</p> <p><input type="checkbox"/> Display at a trade show/convention, etc.</p> <p><input type="checkbox"/> Other _____</p>	<p>Total Cost of product/service: _____</p> <p>Amount paid to date/down payment: _____</p> <p>Method of payment (check one) (Please attach a copy.)</p> <p>Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/></p> <p>Wire Transfer <input type="checkbox"/> Automatic Debit <input type="checkbox"/> Other _____</p> <p><i>If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)</i></p>
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<b>Where did the transaction take place?</b> <input type="checkbox"/> At my home <input type="checkbox"/> Over the telephone <input type="checkbox"/> By mail <input type="checkbox"/> Over the Internet <input type="checkbox"/> Trade show/convention/home show <input type="checkbox"/> At the firm's place of business <input type="checkbox"/> By facsimile <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> There was no transaction	Have you complained to the company or individual? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, provide name and phone number of the individual(s): _____ _____ _____
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<b>FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:</b>				
Make: _____	Model: _____	Year: _____	New: Yes <input type="checkbox"/> No <input type="checkbox"/>	As-Is: Yes <input type="checkbox"/> No <input type="checkbox"/>
Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date: _____	Name of Extended Warranty: _____	Purchase Date: _____	Current Mileage: _____	Mileage at Purchase: _____

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.**

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 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 the box below is checked.
- By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters connected with this complaint.

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

Please do not send this complaint to the business complained about.

Please print and send the completed form to the address at the top of this complaint form.