

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

**COOK COUNTY STATE'S ATTORNEY'S OFFICE
SPECIAL PROSECUTIONS BUREAU, CONSUMER FRAUD UNIT
50 WEST WASHINGTON - SUITE 2700
CHICAGO, IL 60602
(312) 603-8600
(312) 603-9830 or (312) 603-9835 (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.