

**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)**

Open Date: _____ **File #:** _____ **ASA:** _____

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.