

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

**SPECIAL PROSECUTIONS BUREAU, CONSUMER FRAUD UNIT  
50 WEST WASHINGTON, SUITE 2700  
CHICAGO, IL 60602  
(312) 603-8600**

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