

**ANITA ALVAREZ
COOK COUNTY STATE'S ATTORNEY**

**COOK COUNTY STATE'S ATTORNEY'S OFFICE
SPECIAL PROSECUTIONS BUREAU - CONSUMER FRAUD UNIT
69 WEST WASHINGTON - SUITE 3130
CHICAGO, IL 60602
312/603-8600**

The Cook County State's Attorney's Office, Consumer Fraud Unit, is providing a Consumer Complaint Form for you to complete and return as soon as possible.

Please follow these **INSTRUCTIONS** when you fill out this Consumer Complaint Form.

(i) PRINT or TYPE your answers.

(ii) Fill Out the Complaint Form as COMPLETELY AS POSSIBLE.

(iii) Attach copies, NOT ORIGINAL DOCUMENTS, of any and all papers, including contracts and receipts, involved in your case. Do not discard any original documents and receipts involved in your case.

(iv) MAIL the COMPLAINT FORM and COPIES to the following address:
Cook County State's Attorney's Office, Consumer Fraud Unit, 69 West Washington Street - Suite 3130, Chicago, IL, 60602.

After you return the Consumer Complaint Form to the State's Attorney's Office, your case will be assigned a file number and reviewed by an Assistant State's Attorney. At this screening level, your case may be declined for prosecution, referred to another government agency, or retained by the Consumer Fraud Unit for further investigation. You will be notified by letter of the decision made regarding your case.

Even if your case is retained for further investigation, the Consumer Fraud Unit cannot guarantee a prosecution or refund. You may have to resort to self-help methods, such as obtaining a private attorney or filing a private lawsuit, to resolve the dispute.

Thank you for bringing this matter to the attention of the Consumer Fraud Unit.

Sincerely,

**ANITA ALVAREZ
COOK COUNTY STATE'S ATTORNEY**

**By: Cook County State's Attorney's Office
Consumer Fraud Unit**

**ANITA ALVAREZ
COOK COUNTY STATE'S ATTORNEY**

**COOK COUNTY STATE'S ATTORNEY'S OFFICE
SPECIAL PROSECUTIONS BUREAU - CONSUMER FRAUD UNIT
69 WEST WASHINGTON - SUITE 3130
CHICAGO, IL 60602
312/603-8600
312/603-9830 (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, receipts, proofs of payment, advertisements, etc.
3. Please keep your original documents in a safe place.

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: _____

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, 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 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 consult a private attorney.

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

Signature: _____ **Date:** _____