

**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**

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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: \_\_\_\_\_

**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, 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 \_\_\_ Other \_\_\_

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: \_\_\_\_\_

Did you make a downpayment?                      Yes \_\_\_                      No \_\_\_

Date of Downpayment: \_\_\_\_\_ Amount of Downpayment: \_\_\_\_\_

Method of Downpayment: Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Other \_\_\_

Name of the person you gave a downpayment to: \_\_\_\_\_

Location where you made downpayment: \_\_\_\_\_

Total Cost of Home Repair: \_\_\_\_\_ Total Amount of Money Given: \_\_\_\_\_

Method of Payment:                      Cash \_\_\_ Check \_\_\_ Credit Card \_\_\_ Other \_\_\_

Payment(s) Given To: \_\_\_\_\_

Address of property where work was contracted for: \_\_\_\_\_

\_\_\_\_\_

Work was to be performed on:                      Residence \_\_\_ Business \_\_\_ Other: \_\_\_\_\_

How much, if any, work was performed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What, if any, building materials or supplies were provided? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

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 (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

