



# LISA MADIGAN

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Consumer Fraud Bureau  
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Office Use Only	
CLMS:	_____
AG:	_____

Fill out the form and mail to the address above.

## YOUR INFORMATION:

## NAME OF SELLER OR PROVIDER OF SERVICE:

Name: Mr., Mrs., Ms. (circle one) _____	Name: _____
Address: _____	Address: _____
City:            State:        Zip code:        County:	City:                                  State:                  Zip code:
Your Telephone Number: Daytime (        ) _____ Evening (        ) _____	Telephone (        ) _____ Website: _____
Your e-mail address (optional): _____	<b>Additional seller or provider of service involved in transaction:</b> Name: _____
Are you a senior citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address: _____
Who referred you to this office? _____	City:                                  State:                  Zip code: _____
	Telephone (        ) _____ Website: _____

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes  No   
 If yes, please give name, address, telephone number #. \_\_\_\_\_  
 Is court action pending? Yes  No

## INFORMATION ABOUT THE TRANSACTION

<b>Date of Transaction:</b> _____	<b>Did you sign a contract?</b> (If yes, please attach a copy)        Yes        No	<b>Date contract was signed:</b> _____
Was the product or service advertised? Yes        No        When? _____ (Please attach a copy of the advertisement, if available)		

<b>How was the service advertised?</b> Newspaper/magazine Radio advertisement Television advertisement Internet advertisement E-mail solicitation Direct mail solicitation Telephone solicitation Yellow pages of the telephone book Facsimile solicitation Door-to-door solicitation Display at merchant's place of business Display at a trade show/convention, etc. Other _____	Total Cost of product/service: \$ _____ Amount paid to date/down payment: \$ _____ Method of payment (check one) (Please attach a copy) Cash    Check    Money Order    Credit Card    Debit Card    Bank Draft Wire Transfer    Automatic Debit    Other _____
	If you paid with a credit card, have you contacted your credit card company to register a dispute?    Yes        No  (Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)

<b>Where did the transaction take place?</b> At my home Over the telephone By mail Over the Internet Trade show/convention/home show At the firm's place of business By facsimile Other (please specify) _____ There was no transaction	Have you complained to the company or individual? Yes      No  If yes, provide name and phone number of the individual(s): _____ _____ _____
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**FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:**

Make:	Model:	Year:	New: Yes    No	As-Is: Yes    No
Warranty: Yes    No Expiration Date:	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.**

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

In filing this complaint, I understand that the Attorney General 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 any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless box checked below. The above complaint is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.



Last Name: \_\_\_\_\_

## Additional Information for Mortgage-Related Consumer Complaint

Are you current in your mortgage payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how many payments are you behind? \$ \_\_\_\_\_

Primary reason for default: \_\_\_\_\_ Decrease in income \_\_\_\_\_ Increase in loan payment

\_\_\_\_\_ Medical \_\_\_\_\_ Increased expenses \_\_\_\_\_ Divorce/Separation \_\_\_\_\_ Job loss

\_\_\_\_\_ Death of family member \_\_\_\_\_ Business failed

Explain: \_\_\_\_\_

\_\_\_\_\_

When is the last month you made a payment? \_\_\_\_\_ What month was it for? \_\_\_\_\_

Do you reside in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any money saved? \_\_\_\_\_ Yes \_\_\_\_\_ No How much? \$ \_\_\_\_\_

How much are your mortgage payments? \$ \_\_\_\_\_

Does this include taxes and insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, how much are your property taxes and homeowner's insurance per month:

Property Taxes: \$ \_\_\_\_\_ Homeowner's Insurance: \$ \_\_\_\_\_

Monthly Homeowner Association Dues: \$ \_\_\_\_\_

Have you contacted your lender? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what was their response? \_\_\_\_\_

What is your total gross monthly household income? \$ \_\_\_\_\_

Have you received foreclosure papers? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you receive papers? \_\_\_\_\_

Do you have a pending sale date? \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Are you currently in a Chapter 13 bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

What type of loan do you have? \_\_\_\_\_ Fixed rate \_\_\_\_\_ Adjustable rate \_\_\_\_\_ Interest only loan

\_\_\_\_\_ Pay Option ARM (Adjustable Rate Mortgage) \_\_\_\_\_ FHA/VA \_\_\_\_\_ Don't know

What is your current interest rate? \_\_\_\_\_

**Please print and send the completed form to the address at the top of the complaint form.  
Incomplete forms may be returned.**