# COMPLAINT FORM

You may print the form, complete it and mail to:
Illinois Department of Financial & Professional Regulations
Administration - Consumer Complaints
320 W. Washington, IL 62701

**Important Notice:**
Disclosure of this information is voluntary. However, failure to supply complete information may result in this complaint not being processed.

**How do we contact you?**

| | | |
|---|---|---|
| Name: | | |
| Address: | | |
| City: | State: | Zip: |
| E-mail Address: | | Account Number: |
| Day Phone: | | Evening Phone: |

**Is your complaint is against an institution we regulate?**

| | | |
|---|---|---|
| Company Name: | | Type of Company: |
| Address: | | |
| City: | State: | Zip: |
| Telephone: | | Date of Incident: |

**Briefly describe your complaint**
Please list the specifics of your complaint including dates of contact(s) individuals that assisted you and the actions you have taken to resolve this complaint. If more information is needed, you will be contacted by e-mail or telephone.

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**For Department Use Only**

| | |
|---|---|
| Complaint Name: | Processed By: |
| Date complaint received by division: | Date letter sent to the Licensee: |
| Date reply from the Licensee: | Date final letter to complaint: |