



@ChicagoBACP

**CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION**
Consumer Fraud Unit
2350 W. Ogden Ave., 2nd Floor
Chicago, IL 60608

Tel. 312-743-5185 Fax. 312-743-1841
www.cityofchicago.org/bacp

<u>OFFICE USE</u>
Date Received: _____
Processed By: _____
CSR#: _____

BOOTING COMPANY COMPLAINT FORM

INSTRUCTIONS

- Please complete ALL information requested below. Failure to do so may result in a delay or rejection of your complaint.
- After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.
- If action is taken as a result of your complaint, you will be notified.

YOUR INFORMATION

Name				

Address	Unit #	City	State	Zip Code

Daytime Telephone No.	Evening Telephone No.		E-Mail	

INFORMATION REGARDING THE BOOTING COMPANY

Name of Business				

Address of Business	Unit #	City	State	Zip Code

Telephone No.				E-Mail

Name of Contact Person/Sales Person/Manager				

PLEASE MAIL, FAX, OR EMAIL TO:

Department of Business Affairs and Consumer Protection
Consumer Fraud Unit
2350 W. Ogden Ave., 2nd Floor
Chicago, IL 60608
Fax. 312-743-1841

Email Address: BACPconsumer-fraud@cityofchicago.org

NOTE: IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER SHEET



BOOTING COMPANY COMPLAINT FORM CONT.

1. Please describe the detail exactly what happened:

2. Date and time of the booting: _____

3. Location of the incident: _____

4. Did you purchase any items? Yes No
 If yes, do you have any receipts from your purchases? Yes No

5. From what stores did you make the purchases at? _____

6. Did you receive a Consumer Bill of Rights from the booting company? Yes No

7. Did you see any warning signs about booting? Yes No

8. How did you pay to have your car released? Cash Credit Check

9. Was there any damage to your car? Yes No
 If yes, did you take any pictures? Yes No

10. Please list the names of any witnesses along with their telephone numbers. _____

11. Have you reported this matter to any other agency or private attorney? Yes No

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION

RECEIPTS, INVOICES, LETTERS, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.



READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is **true and accurate** to the best of my ability.

Signature

Date Submitted