

CONSUMER FRAUD INVESTIGATION FORM CONT.

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Are you a Senior Citizen (age 60 or older)? Yes No

Are you a person with a disability? Yes No

(a person who suffers from a physical or mental impairment resulting from disease, injury, functional disorder or congenital condition that impairs the individual's mental or physical ability to independently manage his or her property or financial resources, or both)

Please describe in detail exactly what happened:

(You may attach additional sheets)

Describe the results that you are seeking (please be aware that BACP attorneys represent the City of Chicago; they do not--and can not--act as your private attorney):

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