



@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](http://www.cityofchicago.org/BACP)

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

# HOME REPAIR 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 CONTRACTOR/BUSINESS

_____				
Name of Business				
_____				
Address of Business	Unit #	City	State	Zip Code
_____				
Telephone No.	E-Mail			
_____				
Name of Contact Person/Contractor/Owner				
_____				

**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](mailto:BACPconsumer-fraud@cityofchicago.org)

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



## HOME REPAIR FORM CONT.

Please describe the detail exactly what happened:

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(You may attached additional sheets)

Before submitting, please attach any of the following documentation:

- Contract
- Estimate
- Invoice
- Change Order or Work Order
- Consumer Rights Brochure
- Business Card
- Advertisement or Flyer
- Cancelled Checks for Payments
- Receipts for Payment
- Building Permit
- Letters You Wrote to Company
- Notices for Building Violations
- Court Orders or Administrative Orders for Building Code Violations
- Licenses Given to You by Contractor
- Certificates of Insurance Given to You by Contractor

**Please Continue to Next Page ----->**

# HOME REPAIR FORM CONT.

Please answer the following questions:

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)

Address of repair site: \_\_\_\_\_

Do you live at the repair site?  Yes  No

If no, please explain your connection to the repair site: \_\_\_\_\_

Do you have a written & signed home repair contract?  Yes  No

Did the Contractor give you a written & signed home repair estimate?  Yes  No

Date of Contract: \_\_\_\_\_ Contract price: \$ \_\_\_\_\_

Did the Contractor represent to you that he/she was licensed?  In Writing  Verbally

If verbally, describe when & how it was made: \_\_\_\_\_

Did the Contractor give you a Consumer Rights Brochure?  Yes  No

Did anyone obtain City of Chicago building permits before work started?  Yes  No

Where did you obtain financing from? \_\_\_\_\_

Who referred you to this financing company? \_\_\_\_\_

If financed, did you or the financing company pay the contractor? \_\_\_\_\_

Did the financing company approve work before making payment?  Yes  No

Did you approve work before authorizing payment?  Yes  No

How much has been paid to the contractor? \$ \_\_\_\_\_

How much still remains to be paid to the contractor? \$ \_\_\_\_\_

Was work started by this contractor?  Yes  No

Was work completed by this contractor?  Yes  No

If work was completed, did you receive an invoice?  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