



@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

OFFICE USE

Date Received: \_\_\_\_\_

Processed By: \_\_\_\_\_

CSR#: \_\_\_\_\_

# RETAIL STORE 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
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\_\_\_\_\_

Daytime Telephone No.	Evening Telephone No.	E-Mail
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## INFORMATION REGARDING THE BUSINESS OR PERSON YOU ARE REPORTING

\_\_\_\_\_

Name of Business

\_\_\_\_\_

Address of Business	Unit #	City	State	Zip Code
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\_\_\_\_\_

Telephone No.	E-Mail
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\_\_\_\_\_

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: BACP.APS@cityofchicago.org

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



# RETAIL STORE COMPLAINT FORM CONT.

Please describe the detail exactly what happened:

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(You may attach additional sheets)

**Please answer the following questions:**

1. Type of merchandise / service: \_\_\_\_\_

2. Date of Transaction: \_\_\_\_\_

3. Value / price of merchandise / service: \$ \_\_\_\_\_

4. Did you receive a receipt?  Yes  No

5. Payment method: \_\_\_\_\_

6. Was the product or service advertised?  Yes  No

If yes, please state how: \_\_\_\_\_

7. Were you informed of a return policy?  Yes  No

If yes, was the return policy posted? \_\_\_\_\_

8. 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