



@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#: _____

SOLICITATION INVESTIGATION FORM FOR PRIVATE PROPERTY OR COMMERCIAL BUILDINGS ONLY

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 BUSINESS OR PERSON YOU ARE REPORTING

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



SOLICITATION INVESTIGATION FORM CONT.

Did the private property or commercial building have a sign reading either "No Solicitation" or "No Trespassing"?

Yes No

Please describe in detail exactly what happened:

(You may attached additional sheets)

Date of solicitation: _____ Location of solicitation: _____

Describe the results that you are seeking:

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION
COPY OF COMMERCIAL ADVERTISING MATTER



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