



CONSUMER SERVICES INQUIRY FORM • Auction

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Professional Regulation
100 West Randolph Street, 9th Floor
Chicago, Illinois 60601

COMPLAINANT:			
Date	Daytime Telephone No. () ()	Work Telephone No. () ()	FAX () ()
Your Name(s)		E-Mail Address	
Your Current Address			
City		State	Zip Code

◆ **INFORMATION REGARDING AUCTIONEER THAT IS THE SUBJECT OF INQUIRY:**

COMPLAINT AGAINST:			
Name of Auctioneer(s)		Telephone No.	
Name of Auctioneer(s)		Firm Telephone No.	
Address	City	State	Zip Code
Date the Event Occurred			

◆ **ATTACH A LETTER EXPLAINING YOUR COMPLAINT IN DETAIL TO THIS FORM**

◆ **PLEASE ATTACH PHOTOCOPIES OF ANY PAPERS OR DOCUMENTS INVOLVED. *DO NOT SEND ORIGINALS***

Return completed form with documentation to: **Illinois Department of Financial and Professional Regulation
Division of Professional Regulation
Attention: Auction Complaint
100 West Randolph Street, 9th Floor
Chicago, IL 60601**

OFFICE: 312-793-8724

FAX: 217-557-8471

TDD: 312-793-0291

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