



CONSUMER SERVICES INQUIRY FORM • Home Inspector

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

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

Information to the Complainant

- Please Read Before Completing Consumer Services Inquiry Form

DPR cannot recover money or represent a complainant in a legal action. If you are seeking compensation of any kind or any other remedy, you should consult your own attorney.

Pursuant to the Home Inspector License Act, DPR may not take action against a license if the action occurred more than 5 years prior. Thus, DPR must receive all complaints before the 5 year statute of limitations expires.

Please review the Home Inspector License Act and the FAQs to help direct you through the process.

To expedite the complaint process and ensure that your complaint is given full attention, please provide the Division of Professional Regulation the following information:

Essential evidence:

- These items must be received by DPR before a complaint is investigated.
Do not send originals.
 - Completed Consumer Services Inquiry Form
 - Detailed chronological narrative of the event describing the problem
 - Home inspection report
 - In advertising complaints: copy/photo of the relevant ad
- These items may be necessary in DPR's investigation.
Do not send originals.
 - Contract for home inspector services
 - Photographs of the property in question
 - Statements from any persons who witnessed the alleged actions
 - Letters/transactions between the home inspector and complainant
 - Evidence of Compensation



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1. It is important that ALL information requested be provided.
2. Please type or print clearly in dark ink.
3. Please attach a letter explaining your complaint in detail to this form.
4. Please attach photocopies of any papers or documents involved. DO NOT SEND ORIGINALS.

COMPLAINANT: CONSUMER / LICENSEE (CIRCLE ONE)		INSPECTION INFORMATION:
Date	Daytime Telephone Number ()	Date of Inspection
Your Name(s)	Work Telephone Number ()	Property Address
Your Current Address	FAX ()	City, State, Zip
City	State Zip Code	Hiring Party: Seller / Buyer
COMPLAINT AGAINST: HOME INSPECTOR/ ENTITY (CIRCLE ONE)		Name:
Name of Home Inspector	Telephone Number ()	Address:
Name of Entity	Entity Telephone Number ()	Telephone Number ()
Street Address	Email Address	
City	State Zip Code	

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

OFFICE: 312-793-8724

FAX: 217-557-8471

TDD: 312-793-0291