



# CONSUMER SERVICES INQUIRY FORM • Timeshare/Land Sales

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
Division of Professional Regulation  
100 West Randolph Street, 9<sup>th</sup> Floor  
Chicago, Illinois 60601

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

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

<b>COMPLAINT AGAINST:</b>			
Name of Individual (if known)		Telephone No.	
Name of Company (if different)		Company 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: Timeshare/Land Sales Complaint  
100 West Randolph Street, 9<sup>th</sup> Floor  
Chicago, IL 60601

OFFICE: 312-793-8724  
IL505-0541 (Rev 7/10)

FAX: 217-557-8471

TDD: 312-793-0291