Print Form

Illinois Department of Financial and Professional Regulation

Other:

1. Please type or print clearly in dark ink.
2. Please attach copies of important papers concerning your complaint / claim.

COMPLAINANT

Your Name		Daytime Telephone No.
Mailing Address		Evening Telephone No.
City/Town	State	ZIP Code

YOUR COMPLAINT / CLAIM IS AGAINST (RESPONDENT)

Name of Provider of Services	Profession	Telephone No.
Street Address		Date Event Occurred
City/Town	State ZIP Code	County of Occurrence

Briefly describe your complaint / claim:

DEPARTMENT USE ONLY

Complaint / Claim Received By:_____ Date:_____

How Received: ☐ Phone ☐ Letter ☐ Walk-in

IL486-1717 05/12 (ENF)

You will receive an acknowledgment letter in the mail.