

# Illinois Department of Financial and Professional Regulation

Division of Financial Institutions

Mail to:

Illinois Department of Financial  
& Professional Regulations  
Administration - Consumer  
Complaints  
555 W. Monroe, Suite 500  
Chicago, IL 60661

## COMPLAINT TYPE:

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 Number	
Mailing Address	Evening Telephone Number	
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:

## DEPARTMENT USE ONLY

Complaint / Claim Received By: \_\_\_\_\_ Date: \_\_\_\_\_

How Received:  Phone  Letter  Walk-in

**You will receive an acknowledgment letter in the mail.**