

**Illinois Department of Financial  
and Professional Regulation**  
Division of Financial Institutions

Mail to:

Illinois Department of Financial  
& Professional Regulations  
320 W. Washington, Suite 550  
Springfield, IL 62786

**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.**