

**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.