## Illinois Department of Financial and Professional Regulation

**Division of Professional Regulation** 

James R. Thompson Center Complaint Intake Unit 100 West Randolph Street Suite 9-300 Chicago, Illinois 60601 312/814-6910

## COMPLAINT / CLAIM INTAKE REPORT

- 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	