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:		
DE	PARTMENT 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.