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 Number	
Mailing Address	Evening Telephone Number	
City/Town	State	ZIP Code
Email Address - Required for Internal Use Only		

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:

_____

_____

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_____

DEPARTMENT USE ONLY

Complaint / Claim Received By: _____ Date: _____

How Received: ☐ Phone ☐ Letter ☐ Walk-in

You will receive an acknowledgment letter via email only.