



CITY OF CHICAGO  
 DEPARTMENT OF BUSINESS AFFAIRS AND  
 CONSUMER PROTECTION  
 PUBLIC VEHICLE OPERATIONS FACILITY  
 2350 WEST OGDEN, FIRST FLOOR  
 CHICAGO, IL 60608

Tel: 312.746.4300  
 Fax: 312.746.9406  
[www.cityofchicago.org/bacp](http://www.cityofchicago.org/bacp)

OFFICE USE:  
 Date Received: \_\_\_\_\_  
 Processed By: \_\_\_\_\_  
 CSR#: \_\_\_\_\_

**PUBLIC VEHICLE INDUSTRY INVESTIGATION FORM**

**INSTRUCTIONS**

- Please complete **ALL** information requested below. Failure to do so may result in a delay or rejection of your complaint.
- After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.
- If action is taken as a result of your complaint, you will be notified.

**YOUR INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAYTIME TELEPHONE NO. \_\_\_\_\_ EVENING TELEPHONE NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

**INFORMATION REGARDING THE BUSINESS OR PERSON YOU ARE REPORTING**

TYPE OF BUSINESS (check box):  Medallion Owner  Affiliation  License Manager/Broker  Radio Dispatcher  Other

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

NAME OF CONTACT PERSON/MANAGER \_\_\_\_\_

**PLEASE MAIL OR FAX TO:**  
 DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION  
 PUBLIC VEHICLE OPERATIONS FACILITY  
 2350 WEST OGDEN, FIRST FLOOR  
 CHICAGO, ILLINOIS 60608  
 FAX: 312-746-9406 E-MAIL: [BACPPV@cityofchicago.org](mailto:BACPPV@cityofchicago.org)

**NOTE:** IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER PAGE



