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

NOTE: IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER PAGE
PLEASE DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED:

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(You may attach additional sheets)

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION
(RECEIPTS, INVOICES, LETTERS, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.)

READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

_________________________________________________________  _______________________
Signature                                                                 Date Submitted