

**Robert J. Lovero**



**Mayor**

**A Century of Progress with Pride**

6700 West 26<sup>th</sup> Street Berwyn, Illinois 60402-0701 Telephone: (708) 788-2660 Fax: (708) 749-8910  
www.berwyn-il.gov

**Complaint Form**

1. Please be sure to complain to the company or individual before filing.
2. Please type or print clearly in black ink.
3. Incomplete or unclear forms will be returned to you.
4. Make sure you enclose copies of important papers concerning your transaction.

**Consumer Information**

Name: \_\_\_\_\_  
 Day Telephone: \_\_\_\_\_  
 Night Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**Complaint**

Name of Providers of Services: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Date of Transaction: \_\_\_\_\_ Cost: \$ \_\_\_\_\_ How Paid: \_\_\_\_\_  
 Did you sign a contract?  Yes  No Where: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type of Complaint please provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you complained to the company or the individual?  Yes  No Date: \_\_\_\_\_  
 Person Contacted: \_\_\_\_\_  
 Nature of Response: \_\_\_\_\_  
 What form of satisfaction are you seeking (e.g. repair, refund, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

**READ THE FOLLOWING BEFORE SIGNING BELOW.**

Please attach to this form photocopies of any papers involved (contracts, warranties, bills received, canceled checks-front and back, correspondence, etc.) **DO NOT SEND ORIGINALS.**

I understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objections to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Complaint Form

FOR OFFICE USE ONLY

REMARKS -COLLECTORS OFFICE:

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\_\_\_ MAYOR

\_\_\_ DIRECTOR OF NEIGHBORHOOD AFFAIRS

\_\_\_ FIRE DEPARTMENT

\_\_\_ BUILDING DEPARTMENT

\_\_\_ POLICE DEPARTMENT

\_\_\_ LAW DEPARTMENT

\_\_\_ RESIDENT ALDERMAN

**Please report any investigations back to the Collector's Office**

*City of Berwyn  
6700 West 26<sup>th</sup> Street  
Berwyn, Illinois 60402*