



ROBERT J. LOVERO, MAYOR

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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.
4. Make sure you enclose copies of important papers concerning this/your transaction.

CONSUMER INFORMATION

Name: _____ Address: _____

Day Telephone: _____ City, State, Zip: _____

Night Telephone: _____

COMPLAINT INFORMATION

Name of Provider(s) of Services: _____

Address of Provider (include City, State, Zip): _____

Telephone Number: _____

Date of Transaction: _____ Cost: _____ How Paid: _____

Did you sign a Contract? Yes _____ No _____ Where: _____ Date: _____

Type of Complaint (please provide details and if necessary any additional information can be added on another sheet of paper):

Have you complained to the Company and/or Individual? Yes _____ No _____ Date: _____

Person Contacted _____

Nature of Response: _____

What form of satisfaction are you seeking (repair, refund, etc)? _____

READ THE FOLLOWING BEFORE SIGNING

Please attach photocopies of any papers involved (contracts, warranties, bills received, cancelled checks (front and back), correspondence, etc.) **Note: 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: _____