



ATTORNEY'S OFFICE

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5303
desplaines.org

CITY OF DES PLAINES CONSUMER PROTECTION SERVICES

Scope and Mission of Des Plaines Consumer Protection Services:

- **Educate** Des Plaines residents on consumer-related issues, including, but not limited to: auto and home repair and remodeling concerns, as well as retail issues.
- **Mediate** between residents and businesses to attempt to resolve consumer-related issues and complaints as an alternative to other more costly and time-consuming procedures.
- **Communicate** unresolved issues to the Des Plaines Consumer Protection Commission for further consideration.

Who Can File a Complaint with Consumer Protection Services?

- Any Des Plaines resident (*Complainant*) may file a consumer protection complaint against any business (*Respondent*) arising from a consumer transaction occurring within the corporate limits of the City of Des Plaines, no later than one year following the transaction, so long as the amount in dispute is at least \$100.00.

How Do I File a Consumer Protection Complaint?

- Fill out the Consumer Complaint Form with as much detail as possible. This form can be found at City Hall or online at www.desplaines.org. Once at the City's website, surf to "Quick Reference" and click on the "Forms" link in the menu to the left.
- Gather and copy all supporting documentation, including contracts and receipts.
- Submit the completed form and copies of supporting documentation to:
City of Des Plaines Consumer Protection Services, 1420 Miner Street, Des Plaines, IL 60016

What Happens After I File a Consumer Protection Complaint?

1. Once the completed complaint form and all supporting documents have been received, the Consumer Protection Coordinator will review your information.
2. The Consumer Protection Coordinator will notify the Respondent by telephone and/or by mail and will attempt to resolve the complaint directly with the Respondent. A complete copy of the complaint and all attachments will be forwarded to the Respondent. The Consumer Protection Coordinator will advise you (the Complainant) of any action taken on your behalf.
3. If your complaint is resolved to the satisfaction of both parties, it will be dismissed.

4. If your complaint is not resolved, it will be referred to the Consumer Protection Commission and the Commission may elect to hear the complaint. If a hearing is scheduled, both parties will be called to testify and the Commissioners will consider the matter.

Important Information for the Consumer (Complainant)

- The City does not retain the services of any professional (for example: attorney, accountant, engineer, mechanic, etc.) for purposes of obtaining professional advice desired by either the Complainant or Respondent. However, either party may elect to retain professional services at their own expense at any time during the process.
- Des Plaines Consumer Protection Services is prohibited from acting as an attorney for any party and from making any referral to an attorney. Further, the City of Des Plaines and its employees are not required to provide either party with any professional advice, expertise, recommendations or referrals regarding obtaining professional advice.

What if I Need Additional Information or Assistance?

You can contact the Des Plaines Consumer Protection Services:

- By Phone: 847.391.5303
- By Email: consumerprotection@desplaines.org
- By internet: www.desplaines.org
- By mail: Des Plaines City Hall
Consumer Protection Services
1420 Miner Street
Des Plaines, IL 60016
- In Person: Des Plaines City Hall
Consumer Protection Office. 6th Floor; Suite 604
8:30 a.m. to 5:00 p.m. Monday through Friday



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CONSUMER COMPLAINT FORM

(Please type or print clearly in black or blue ink)

Consumer/ Complaint Information

Name: Mr./ Mrs./ Ms. _____

Address: _____ Phone Number: _____

_____ Des Plaines, Illinois _____ Zip Code: _____ Email Address: _____

How did you learn about this service? _____

Business/ Respondent Information

Business Name: _____ Business Number: _____

Address: _____ Sales Person: _____

City/ State/ Zip Code: _____ Transaction Date: _____

Nature of Complaint (Please attach all relevant documents.)

Is there a written contract? YES (please attach a copy) NO

Did you pay the full contract price? YES NO

Total Cost: _____ Total Paid: _____ Form of payment: _____

Did the company begin the work/service? YES NO

Was the work/service completed? YES NO

Describe what was and was not completed:

Have you attempted to resolve your complaint directly with the business? YES NO

Was any form of resolution reached? YES NO

Describe: _____

Have you attempted to resolve your complaint through another agency (i.e. Better Business Bureau), the legal system, or through a credit card company? YES NO

Was any form or resolution reached? YES NO

Describe: _____

Describe your complaint in chronological order.

In what ways did the company engage in deceptive or unconscionable trade practices?

Be as specific as possible: include dates, times, names, etc. Attach additional pages if more space is needed.

Describe what relief you are seeking.

Notices to Consumer/Complainant

- I understand that the City of Des Plaines Consumer Protection Commission shall consider only alleged violations of the Consumer Protection Ordinance which have occurred within one year from the date said violation is alleged to have occurred.
- I understand that I must submit copies of **all relevant documents** including but not limited to: invoices, contracts, correspondence, proof of payments, etc. **within 15 days** of filing a complaint with the City of Des Plaines Consumer Protection Services. I understand that failure to submit these documents within the specified time limit will be considered cause for dismissal by the Consumer Protection Commission. I understand any documents submitted in support of this document will not be returned.
- I understand that the City of Des Plaines Consumer Protection Service is prohibited from acting as my attorney, or from making any referral to any attorney. I also understand that I may retain the services of a professional (i.e. attorney, accountant, engineer, mechanic, etc.) for the purposes of obtaining professional advice regarding this complaint. I understand that these costs are solely my responsibility.
- I understand that a full copy of this complaint will be forwarded to the Respondent who will then be asked to respond.

By filing and signing this City of Des Plaines Consumer Protection Complaint, I verify that I have read and understand the above notices, and that all information is true, correct and complete to the best of my knowledge.

Date

Complainant Signature

**Return completed form and copies of all supporting documents to:
City of Des Plaines Consumer Protection Services, 1420 Miner Street, 6th Floor, Des Plaines, IL., 60016**