

# Illinois Department of Financial and Professional Regulation Division of Real Estate

**COMPLAINT TYPE:** \_\_\_\_\_

Go to: [www.idfpr.com/LicenseLookUp/LicenseLookUp.asp](http://www.idfpr.com/LicenseLookUp/LicenseLookUp.asp) for a complete list of professions.

1. Please type or print clearly in dark ink. Use a separate sheet of paper if more space is needed.
2. Please attach copies of important papers concerning your complaint. Do not send originals. Please be advised that the issues described in this complaint will be shared with the Respondent.
3. IDFPR cannot act on your behalf in a court of law or as a lawyer, give legal advice, or become involved in complaints that are in litigation or have been litigated.

**I. COMPLAINANT (Your information, unless you are submitting a complaint on behalf of another individual)**

<b>Complainant Name</b>	<b>Daytime Telephone Number</b>	
<b>Address</b>	<b>Evening Phone (Optional)</b>	<b>Email Address</b>
<b>City/Town</b>	<b>State</b>	<b>ZIP Code</b>

**Complainant's Age (Optional\*)**

Place check (✓) by one of the following or provide actual age:

<input type="checkbox"/>	60 years or older
<input type="checkbox"/>	18-59 years old
<input type="checkbox"/>	Less than 18 years old
<input type="checkbox"/>	_____ years old

**Is Complainant Disabled? (Optional\*)**

Place check (✓) by one of the following:

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Don't Know

**II. CONTACT PERSON on behalf of Complainant (Indicate "Same" if the Contact Person is also the Complainant)**

<b>Contact's Name</b>	<b>Contact's Telephone No.</b>		
<b>Contact's Address</b>	<b>City/Town</b>	<b>State</b>	<b>ZIP Code</b>

**III. RESPONDENT (Please provide the following for the professional your complaint is against)**

<b>Business or Professional's Name</b>	<b>Business/Professional Category</b> (real estate broker, appraiser, auctioneer, home inspector, community association manager, timeshare, etc.)	<b>Respondent's Telephone</b>
		<b>Respondent's email</b>
<b>Business Address</b>		<b>Date Event Occurred</b>
<b>City/Town</b>	<b>State</b>	<b>County of Occurrence (Optional)</b>

Briefly describe your complaint:

\* NOTE - Providing the complainant's age and disability status under Section I above will better assist IDFPR in tracking complaints involving seniors and disabled individuals.

**IDFPR Complaint Form**

(Continue description here if additional space is needed)

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**Briefly describe your desired resolution:**

**IV. CERTIFICATION**

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge. I hereby request that IDFPR conduct a review of my complaint. To assist with this review, I authorize any person or entity in connection with this complaint to provide relevant information.

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

\*\* To mail complaints involving a real estate professional, please mail to:

**IL Dept. of Financial and Professional Regulation**  
**ATTN: Real Estate Division - Complaints**  
**100 West Randolph St., Suite 9-300**  
**Chicago, IL 60601**

*Real Estate Complaints: (312) 793-8724*

*Email: [FPR.REComplaint@illinois.gov](mailto:FPR.REComplaint@illinois.gov)*

**DEPARTMENT USE ONLY**

Complaint / Claim Received By: \_\_\_\_\_ Date: \_\_\_\_\_

How Received:  Phone  E-mail  Letter  Walk-in

**\*\* You will receive an acknowledgment letter in the mail \*\***