

INFORMAL COMPLAINT FORM HOUSEHOLD GOODS

Mail Completed Forms To:

ILLINOIS COMMERCE COMMISSION POLICE
527 E. CAPITOL AVENUE
SPRINGFIELD, ILLINOIS 62701

File No. _____
(FOR OFFICE USE ONLY)

Complainant's Information	Moving Company's Information
Name:	Name:
Address:	Business Address:
City: State: Zip:	City: State: Zip:
Phone:	Phone:
E-Mail:	E-Mail:
	ILCC No.:

Information About Your Move	
Date of your move:	Full amount paid:
Where did you move from? Address: City: State: Zip:	Where did you move to? Address: City: State: Zip:
Date into Storage:	Did you receive an estimate of charges? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date from Storage:	Did you receive a bill of lading? YES <input type="checkbox"/> NO <input type="checkbox"/>
Was a written claim sent to the mover? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, date of written claim:	Is court action pending? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you received a response from the mover? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, date:	If you paid with a credit card, has the amount been disputed? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Was an Illinois Consumer Guide provided? YES <input type="checkbox"/> NO <input type="checkbox"/>	If you paid with a check, has a stop payment been issued? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

Please attach a copy of your written claim, response from the moving company, estimate of charges, bill of lading, inventory, storage contract, warehouse receipt and any additional documents and communication you may have concerning your move.

Please provide as much detailed information as possible.

Nature of Your Complaint

Lined area for writing the nature of the complaint.

Additional Details About Your Move

Lined area for providing additional details about the move.

CAREFULLY READ THE FOLLOWING BEFORE SIGNING BELOW:

In filing this Informal Complaint Form, I understand that neither the Illinois Commerce Commission nor its Staff is my attorney. I also understand that if I have any questions concerning my legal rights and responsibilities, I should contact a private attorney. I verify that the above complaint is true and accurate to the best of my knowledge.

SIGNATURE: _____ DATE: _____