



**CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS AND
CONSUMER PROTECTION
PUBLIC VEHICLE OPERATIONS FACILITY
2350 WEST OGDEN, FIRST FLOOR
CHICAGO, IL 60608**

**Tel: 312.746.4300
Fax: 312.746.9406**

www.cityofchicago.org/bacp

OFFICE USE:
Date Received: _____
Processed By: _____
CSR#: _____

PUBLIC VEHICLE INDUSTRY INVESTIGATION FORM

INSTRUCTIONS

- Please complete ALL information requested below. Failure to do so may result in a delay or rejection of your complaint.
- After completing, please sign and date the form. If your complaint is not legible or is not signed, your complaint will not be processed.
- If action is taken as a result of your complaint, you will be notified.

YOUR INFORMATION

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

DAYTIME TELEPHONE NO. _____ EVENING TELEPHONE NO. _____ E-MAIL _____

INFORMATION REGARDING THE BUSINESS OR PERSON YOU ARE REPORTING

TYPE OF BUSINESS (check box): Medallion Owner Affiliation License Manager/Broker Radio Dispatcher Other

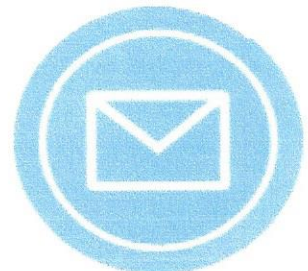
NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____ TELEPHONE NO. _____

NAME OF CONTACT PERSON/MANAGER _____

**PLEASE MAIL OR FAX TO:
DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION
PUBLIC VEHICLE OPERATIONS FACILITY
2350 WEST OGDEN, FIRST FLOOR
CHICAGO, ILLINOIS 60608**

**FAX: 312-746-9406 E-MAIL: BACPPV@cityofchicago.org
NOTE: IF YOU ARE FAXING THIS FORM, PLEASE INCLUDE A FAX COVER PAGE**



PLEASE DESCRIBE IN DETAIL EXACTLY WHAT HAPPENED:

(You may attach additional sheets)

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION
(RECEIPTS, INVOICES, LETTERS, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.)

READ THE FOLLOWING BEFORE SIGNING: The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

Signature

Date Submitted
