

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

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

Tel: 312.746.4300 Fax: 312.746.9406 www.cityofchicago.org/bacp

PUBLIC VEHICLE INDUSTRY INVESTIGATION FORM

INSTRUCTIONS

- Please complete <u>ALL</u> 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.

ADDRESS		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NO.			ELEPHONE NO.	E-MAII
INFORMATION REGA	RDING THE BU	ISINESS O	R PERSON YOU ARE REPORTIN	G
TYPE OF BUSINESS (check box):	□ Medallion Owner	□Affiliation	□ License Manager/Broker □ Radio Dispatcher	□ Other
NAME OF BUSINESS				

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 st	neets)				
	BMITTING, PLEASE ATTACH A Es, letters, front and back of ca				
	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 <u>true and accurate</u> to the best of my ability.				
	Signature		Date Submitted		