

CITY OF CHICAGO DEPARTMENT OF BUSINESS AFFAIRS AND CONSUMER PROTECTION

2350 W. Ogden Avenue, Second Floor Chicago, IL 60608

> Tel. 312.743.5185 Fax. 312.743.1841 www.cityofchicago.org/bacp

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

PEDICAB COMPLAINT 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.
- You may be called upon to testify at court.

VOLID INFORMATION

| Name: | | | |
|---|------------------------------|---------------------|-----------|
| E-Mail | Daytime Phone Number | Evening Phone Numbe | |
| Address | City | State | Zip Code |
| FORMATION REGA | ARDING THE BUSINESS OR PERSO | ON YOU ARI | E REPORTI |
| | | | |
| | | | |
| Pedicab License Number | | | |
| Pedicab License Number Pedicab Chauffeur Name | | | |

PLEASE CONTINUE TO NEXT PAGE (NEXT PAGE MUST BE COMPLETED AND SIGNED)



Mail to: Department of Business Affairs and Consumer Protection (BACP)
Attn: Business Compliance Enforcement
2350 W. Ogden Avenue, Second Floor
Chicago, IL 60608

or

E-mail to: BACPconsumer-fraud@cityofchicago.org

or

Fax to: 312.743.1841

Note: If you are faxing this form, please include a fax cover sheet



| CSR# | |
|------|--|
| | |

| PEDICAB COMPLAINT FORM CONTINUED | | | | |
|--|--|--|--|--|
| What is the general nature of your complaint (reckless driving, overcharge, etc.)? | | | | |
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| Please describe in detail exactly what happened: | | | | |
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(You may attach additional sheets)

BEFORE SUBMITTING, PLEASE ATTACH ANY SUPPORTING DOCUMENTATION

(RECEIPTS, INVOICES, FRONT AND BACK OF CANCELLED CHECKS, PICTURES, ADVERTISEMENTS, ETC.)

You may e-mail pictures and videos to BACPconsumer-fraud@cityofchicago.org with the CSR# on page 1 as the e-mail subject



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 | |
|-----------|------|--|