



  @ChicagoBACP

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.

YOUR INFORMATION

Name: _____

_____	_____	_____
E-Mail	Daytime Phone Number	Evening Phone Number

_____	_____	_____	_____
Address	City	State	Zip Code

INFORMATION REGARDING THE BUSINESS OR PERSON YOU ARE REPORTING

Pedicab License Number

Pedicab Chauffeur Name

Address of Violation

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

PLEASE MAIL, E-MAIL, OR FAX TO:

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



