



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

<u>OFFICE USE</u>
Date Received: _____
Processed By: _____
CSR#: _____

@ChicagoBACP

VACATION RENTAL / BED & BREAKFAST / SHARED HOUSING 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
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Address	City	State	Zip Code
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INFORMATION REGARDING THE BUSINESS/PERSON YOU ARE REPORTING

Name of Business or Host: _____

Address	Unit #	City	State	Zip Code
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E-Mail	Daytime Phone Number	Evening Phone Number
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Name of Contact Person/Sales Person/Manager

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

VACATION RENTAL / BED & BREAKFAST / SHARED HOUSING COMPLAINT FORM CONT.

1. Please describe the exact details of the rental property. (Please attach additional sheets as needed)

2. What type of Vacation Property is this?

Vacation Rental

Bed & Breakfast

Shared Housing

3. Who is the owner of the rental property, if known?

4. If you were a guest or prospective guest, whom did you pay for the rental?

5. What is the website address for the rental property?

6. Is this a condominium? Yes No

(a) Has the Homeowner's association approved the rental? Yes No I don't know
(If available to you, please attach a copy of the associations by-laws)

(b) If known, what is the association's contact information?

Name	Address	Telephone	Email

7. Is the vacation rental property rented for fewer than 10 consecutive hours?

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