COMPLAINT REPORT

Concerning Relocator Practices

TO: Illinois Commerce Commission Police 9511 W. Harrison Street Des Plaines, Illinois 60016 (847) 294-4326

File No	
	For office use only

YOU MUST SUBMIT A CLEAR COPY OF THE RELOCATOR INVOICE

Name of Complainant:		
Address of Complainant:		
City:	_ State:	Zip Code:
Telephone:	Work Telephone: _	
Email Address:		_
Name of Relocation Towing Company:		
I,and complain of illegal practices against the abo	_, the undersigned cove Relocator on the	complainant, do hereby report basis of the following facts:
1. Date of Tow:		
Address of alleged violation:		
Provide a brief summary of the alleged illeg	gal practices:	
Signature:	Date:	