



Illinois Department of Financial & Professional Regulation

Mario Treto, Jr., Secretary

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Professional Regulation Complaint Intake Form

Thank you.

We have received the following information:

Your First Name:	Thomas	Your Last Name:	Fernandez
Mailing Address 1:	480 Roosevelt Rd Suite 203, West Chicago	Mailing Address 2:	
City:		State:	IL
Zip:			
Your E-mail Address:	securetcf@protonmail.com		
Day Telephone No:	630-649-4467		
Evening Telephone No:			

YOUR COMPLAINT IS AGAINST (RESPONDENT) :

Professional's First Name:	Steve	Professional's Last Name or Name of Business:	Lee
Profession:	PSYCHOLOGIST, PRESCRIBING		
Street address (1st line):	2100 Manchester Rd 1510		
Street address (2nd line):			
City:	Wheaton	State:	IL
Zip code:	60187	Telephone No:	8553597317
Date Event Occurred:	10/19/2021	County Where Occurred:	DuPage

DESCRIPTION OF COMPLAINT:

I requested that my wife and mother be removed as points of contact and from my medical records due to a misunderstanding regarding my

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JB Pritzker, Governor

New Web Site:



IDFPR

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