TO: ILLINOIS COMMERCE COMMISSION POLICE
527 E. Capitol Avenue
Springfield, IL 62701
Phone: (217) 782-6171 Fax: (217) 524-4637

INFORMAL COMPLAINT FORM

FILE NO: __________________ (FOR OFFICE USE ONLY)

SUBMITTER’S INFORMATION

Name: __________________________________________

Business Address: _________________________________________

City: _____________________________ State: _________ ZIP code: ______________________

Phone: (______) ______-___________ E-Mail: _______________________________________

ALLEGED VIOLATOR’S INFORMATION

Full Legal Name: _______________________________________

Trade Name (D/B/A): _______________________________________

Business Address: _______________________________________

City: _____________________________ State: _________ ZIP code: ______________________

Phone: (______) ______-___________ E-Mail: _______________________________________

DESCRIPTION OF ALLEGED VIOLATIONS

1. Nature of alleged illegal activities:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

2. Time and place that alleged illegal activities could likely be observed:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
3. Locations of alleged illegal activities, including origins and destinations:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

4. Commodities: _______________________________________________________________

5. Names, addresses and telephone numbers of shippers, consignees and witnesses:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

6. Physical description and license plate numbers of vehicles involved, including all
carrier/company names visible on vehicle:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

CAREFULLY READ THE FOLLOWING BEFORE SIGNING BELOW:
In filing this Informal Complaint Form, I understand that neither the Illinois Commerce
Commission nor its Staff is my attorney. I also understand that if I have any questions concerning
my legal rights and responsibilities, I should contact a private attorney. I verify that that the above
complaint is true and accurate to the best of my knowledge.

SIGNATURE: _______________________________________     DATE: ______________