ILLINOIS COMMERCE COMMISSION POLICE
SAFETY TOWING COMPLAINT FORM

Send To: Illinois Commerce Commission Police 9511 W. Harrison Street Des Plaines, IL 60016 (847) 294-4326	File No. _____ Office use only

YOU MUST SUBMIT CLEAR COPIES OF THE COMMERCIAL SAFETY TOWING DISCLOSURE FORM AND FINAL INVOICE

Complainant Information

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____
(9:00 am - 4:00 pm)

Name of Towing Company

Nature of Complaint

I, _____, the undersigned complainant, do hereby report and complain of illegal practices against the above Towing Company on the basis of the following facts:

Date of Tow: _____ Address/Location of Tow: _____

Provide a brief summary of the alleged illegal practices:

Complainant Signature: _____ Date: