



**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: _____
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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)

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2. What type of rental property is this?

- Vacation Rental       Bed & Breakfast       Shared Housing

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

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

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

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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 association's by-laws)

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

Name	Address	Telephone	Email
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7. Is the rental property rented for fewer than 10 consecutive hours?

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## 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