



# ILLINOIS COMMERCE COMMISSION POLICE

## Safety Towing Complaint Form



Send to: Illinois Commerce Commission Police 477 South River Rd Des Plaines, IL 60016-4743 (847) 294-4326	File No. _____ <div style="text-align: center; font-size: small;">Official use only</div>
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**You must submit clear copies of the Commercial Safety Towing Disclosure Form and Final Invoice**

**Complaint Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Name of Tow 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:

Tow Date: \_\_\_\_\_ Address of Tow: \_\_\_\_\_

Provide a brief summary of the illegal practices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complainant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_