

ATTORNEY GENERAL'S OFFICE



CTS NO.	[REDACTED]
REGIONAL NO	
CATEG. CODE:	

Revised January 1994

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JIM RYAN

ILLINOIS ATTORNEY GENERAL

CONSUMER FRAUD  
• CHICAGO •

# CONSUMER COMPLAINT FORM

1. Please be sure to complain to the company or individual before filing.
2. Please type or print clearly in dark ink.
3. Incomplete or unclear forms will be returned to you.
4. Make sure you enclose copies of important papers concerning your transaction.

<b>CONSUMER:</b>		
Your Name [REDACTED]	Senior Citizen? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Day Tel. [REDACTED]
Street Address [REDACTED]		Night Tel. [REDACTED]
City/Town [REDACTED]	State [REDACTED]	Zip [REDACTED]

<b>COMPLAINT:</b>				
Name of Seller or Provider of Services <u>Kids.com</u>		Name of Other Seller or Provider of Services		
Street Address <u>6326 N. Lincoln Avenue</u>		Street Address		
City/Town <u>Chicago</u>		City/Town		
State <u>IL</u>	Zip <u>60659</u>	Telephone <u>773-539-8575</u>	State	Zip
Date of Transaction <u>March 26, 2001</u>		Cost of Product <u>\$595.00</u>	How Paid <u>checks</u>	
Did you sign a contract? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where? <u>At my house</u> Date <u>3/26/01</u>				
Was product or service advertised? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Where? <u>on the internet</u> Date <u>June 2001</u>				
Type of Complaint—e.g. car, mail order, etc. (Use reverse to provide details): <u>Talent Agency</u>				
Have you complained to the company or the individual? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How? <input type="checkbox"/> By Mail <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> In person Date <u>June 2001</u>				
Person Contacted <u>Mrs. Henrich/Ginny Alberts</u>		Job Title		
Nature of Response <u>No response. Would not give me requested info</u>			Date of Response <u>June 2001</u>	
Has matter been submitted to another agency or attorney? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and address. <u>Better Business Bureau</u>				
Is court action pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

FILL OUT IF COMPLAINT IS ABOUT A MOTOR VEHICLE OR APPLIANCE:				
Make		Model	Year	VIN or Serial Number
Purchased <input type="checkbox"/> New <input type="checkbox"/> Used	Sold <input type="checkbox"/> With Warranty <input type="checkbox"/> As Is		Warranty Expiration Date	Purchase Date
			Mileage	

**MISCELLANEOUS:**

Briefly describe your complaint: *I was led to believe that the company would send my daughter's picture out to different agencies for potential marketing jobs. When I called the company they refused to provide proof that they are doing this. They continually give me the run around. They required for me to pay a \$595.00 fee upfront. They required that we go to their photographer. I don't think that they are doing anything to earn this money.*

What form of relief are you seeking? (e.g. exchange, repair, money back, etc.)  
*Would like money back. I would like a full investigation of this company. I would like to make sure that other people are not taken advantage of. I would like proof, meaning names and dates of the agencies that received my child's photo.*

Who referred you to this office? *Self / internet*

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, cancelled checks - front and back, correspondence, etc.) **DO NOT SEND ORIGINALS.**

In order to resolve your complaint we may send a copy of this form to the person or firm you are complaining about.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature:  Date: *9/24/01*

**HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?**

**RETURN TO:** Jim Ryan, Attorney General  
Consumer Protection Division  
100 West Randolph Street  
Chicago, Illinois 60601  
(312) 814-3000

