

Illinois Concealed Carry Instructor Complaint Form

WARNING: ENTERING FALSE INFORMATION ON THIS FORM IS PUNISHABLE AS PERJURY
UNDER 720 ILCS SECTION 5/32-2 OF THE CRIMINAL CODE OF 2012

Please indicate the nature of your complaint:

- Violations of the Illinois Firearm Concealed Carry Act, 430 ILCS 66, Section, _____
- Course Curriculum, Course Instruction or Business Practices

Enter information regarding your complaint:

Instructor and/or Business Information: _____

Name of Instructor: _____ Name of Business: _____

Address: _____ County: _____

Email address: _____ Website: _____

Phone number: _____ Date of incident: _____

Witnesses: _____

Description of incident:

Complainant's information:

Name: _____ Date of Birth: _____

Mailing Address: _____

Email: _____ Phone: _____

Signature Certification: Under penalties of perjury, I certify I have examined all the information provided and to the best of my knowledge, it is true, correct, and complete.

SIGNATURE REQUIRED:

Signature

Subscribed and sworn to before me this:

_____ day of _____

Notary public