



# LISA MADIGAN

Illinois Attorney General  
 Consumer Fraud Bureau  
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 217-782-1090

1-800-243-0618 (Toll free in IL)  
 TTY: 1-877-844-5461

[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

Office Use Only	
CLMS:	_____
AG:	_____

Fill out the form online, then print and mail to the address above. Include copies (no originals please) of any supporting documents.

**YOUR INFORMATION:** **NAME OF SELLER OR PROVIDER OF SERVICE:**

<b>Name: Mr., Mrs., Ms. (circle one)</b> Mr. Fritz Reuter <hr/> <b>Address:</b> 3917 W Touhy Ave <hr/> <b>City: State: Zip code: County:</b> Lincolnwood, IL 60712 USA <hr/> <b>Your Telephone Number:</b> Daytime ( 847 ) 677-7255 Evening ( 312 ) 519-7255 <hr/> <b>Your e-mail address (optional):</b> freuter@fritz-reuter.com <hr/> <b>Are you a senior citizen?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <hr/> <b>Who referred you to this office?</b>	<b>Name:</b> Northwestern University <hr/> <b>Address:</b> 2-130, Rebecca Crown Center, 633 Clark Street <hr/> <b>City: State: Zip code:</b> Evanston, IL 60208 <hr/> <b>Telephone ( )</b> <b>Website:</b> <a href="http://offices.northwestern.edu/">http://offices.northwestern.edu/</a> <hr/> <b>Additional seller or provider of service involved in transaction:</b> <b>Name:</b> String Teachers, NW School of Music <hr/> <b>Address:</b> 711 Elgin Road <hr/> <b>City: State: Zip code:</b> Evanston, IL 60208 <hr/> <b>Telephone ( 847 ) 491-7575</b> <b>Website:</b> <a href="http://www.music.northwestern.edu/">http://www.music.northwestern.edu/</a>
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Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes  No   
 If yes, please give name, address, telephone number #. \_\_\_\_\_  
 Is court action pending? Yes  No

**INFORMATION ABOUT THE TRANSACTION**

<b>Date of Transaction:</b> Ongoing...	<b>Did you sign a contract?</b> (If yes, please attach a copy) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Date contract was signed:</b>
Was the product or service advertised? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> When? _____ (Please attach a copy of the advertisement, if available)		

<b>How was the service advertised?</b> <ul style="list-style-type: none"> <li>• Newspaper/magazine</li> <li>• Radio advertisement</li> <li>• Television advertisement</li> <li>• Internet advertisement</li> <li>• E-mail solicitation</li> <li>• Direct mail solicitation</li> <li>• Telephone solicitation</li> <li>• Yellow pages of the telephone book</li> <li>• Facsimile solicitation</li> <li>• Door-to-door solicitation</li> <li>• Display at merchant's place of business</li> <li>• Display at a trade show/convention, etc.</li> <li>• Other _____</li> </ul>	<b>Total Cost of product/service:</b> \$ <u>Not availabl</u> <b>Amount paid to date/down payment:</b> \$ _____ <b>Method of payment (check one) (Please attach a copy)</b> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Automatic Debit <input type="checkbox"/> Other _____  <b>If you paid with a credit card, have you contacted your credit card company to register a dispute?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)</i>
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**Where did the transaction take place?**

- At my home
- Over the telephone
- By mail
- Over the Internet
- Trade show/convention/home show
- ✓ • At the firm's place of business
- By facsimile
- Other (please specify) \_\_\_\_\_
- There was no transaction

Have you complained to the company or individual?

Yes  No

If yes, provide name and phone number of the individual(s):

North Western Univ.  
847-481-7575  
Ethres Point

**FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:**

Make:	Model:	Year:	New: Yes <input type="checkbox"/> No <input type="checkbox"/>	As-Is: Yes <input type="checkbox"/> No <input type="checkbox"/>
Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date:	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. **Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. PLEASE DO NOT SEND ORIGINALS.**

I am a maker, dealer and retailer of fine violins, violas, and cellos (hereafter, "stringed instruments") who is extremely concerned about possible illegal kickback scheme, which has been pervasive throughout my industry for many years. The kickback scheme, which I discuss more fully below, has had and will continue to have a severe negative impact on competition at the supplier (dealer, retailer, and maker) and consumer (student, musician, parent, and collector) levels of the market place. As one who has, for many years, suffered a competitive disadvantage because of the kickback scheme, I feel now is the time to ask for your guidance and assistance so that free and fair competition can be restored to the marketplace for stringed instruments.

In brief, I am very concerned that certain stringed instrument dealers and retailers pay secret "commissions" to teachers and others for their referral of students, musicians, parents, and collectors. These dealers and retailers rarely, if ever, disclose that the sales price for stringed instruments includes the cost of a secret "commission" which is paid to the referral source. Because of this practice, consumers pay artificially inflated prices for stringed instruments and teachers and others who make referrals steer consumers away from those makers, dealers and retailers, such as myself, who refuse to pay secret "commissions."

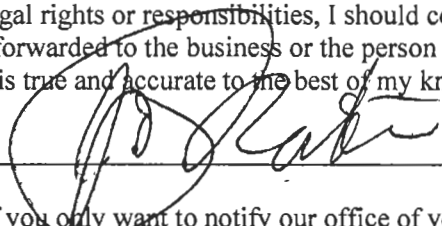
The relief which I request is that, pursuant to 815 ILCS 505/3, you or your office initiate an investigation of the entire kickback practice and prosecute those found to be in violation of the Illinois Consumer Fraud and Deceptive Business Practices Act.

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)  
 Please see above paragraph.

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces 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 the person the complaint is directed against, unless box checked below. The above complaint is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

8-21-2010

- • Check here if you only want to notify our office of your concerns and do not want a mediation process initiated.

**Please print and send the completed form to the address at the top of this complaint form. Incomplete forms may be returned.**