

## OFFICE OF EXECUTIVE INSPECTOR GENERAL for the Office of the Illinois Attorney General

## **COMPLAINT FORM**

<u>Please type or print clearly below.</u> E-mail the completed form to ethics.OEIG@ilag.gov. Alternatively, you may mail the form to: Office of Executive Inspector General for the Office of the Illinois Attorney General, 115 S. LaSalle Street, Chicago, IL 60603. Our toll-free helpline number is (888) 814-4646.

The Office of Executive Inspector General for the Illinois Attorney General accepts anonymous complaints. However, please note, the ability to contact you to discuss the complaint may enable us to investigate your complaint more thoroughly.

| Sontact information:   |                                     |           |                  |                     |  |  |
|--|-------------------------------------|-----------|------------------|---------------------|--|--|
| Name:  |                                     | Date:     |                  |                     |  |  |
| Date of Birth:   | Sex:                                | M         | F                |                     |  |  |
| Address:   |                                     |           |                  |                     |  |  |
| Street Address   |                                     | City      | State            | Zip Code            |  |  |
| Home Phone:  | Other Pho                           | one:      |                  |                     |  |  |
| E-mail:  | Preferred method of                 | of contac | ot:              |                     |  |  |
| Are you an employee of the Office of th  | ne Illinois Attorney General?       |           | Yes              | No                  |  |  |
| Complaint Information:   |                                     |           |                  |                     |  |  |
| Is your complaint against an employee Attorney General?  | or vendor of the Office of the Illi | inois     | Yes              | No *                |  |  |
| If not an employee, where does the ind   | lividual work?                      |           |                  |                     |  |  |
| * If you answered "No" to the above the Illinois Attorney General cannot                                   |                                     | utive In: | spector Genera   | Il for the Office o |  |  |
| Please note, the Office of Executive authorized to investigate complain vendors or others doing business w | ts relating to employees of t       | he Offic  | ce of the Attoi  |                     |  |  |
| Please provide as much detailed inform   | mation as possible about the indi   | vidual(s  | ) your complaint | relates to:         |  |  |
| Subject of Complaint's Name:   |                                     |           | Phone:           |                     |  |  |
| Date of Birth:<br>(or approx. age)   | Sex:                                | M         | F                |                     |  |  |
| Subject of Complaint's Place of Employment:  |                                     |           |                  |                     |  |  |
| Address:   |                                     |           |                  |                     |  |  |
| Street Address   |                                     | City      | State            | Zip Code            |  |  |

| Subject of Complaint's Name:   | Phone:                                |                 |                     |  |
|--|---------------------------------------|-----------------|---------------------|--|
| Date of Birth: (or approx. age)  | Sex: M                                | F               |                     |  |
| Subject of Complaint's Place of Employment:  |                                       |                 |                     |  |
| Address:Street Address   | City                                  | State           | e Zip Code          |  |
| Have you notified any other Federal, State or loca filed a lawsuit or grievance related to these matte   |                                       | Yes             | No                  |  |
| If yes, with what agency did you file a complain   | nt?                                   |                 |                     |  |
| What is the complaint number?  |                                       |                 |                     |  |
| Has your complaint been resolved?  |                                       | Yes             | No                  |  |
| If yes, briefly summarize the results:   |                                       |                 |                     |  |
| Have you previously filed a complaint with the Of<br>General for the Illinois Attorney General?  | ffice of Executive Inspector          | Yes             | No                  |  |
| If yes, please list any known case numbers:  |                                       |                 |                     |  |
| Is this complaint related to your previously filed co  | omplaint?                             | Yes             | No                  |  |
| May we refer your complaint to the appropriate agency if necessary?  |                                       | Yes             | No                  |  |
| If the Office of Executive Inspector General refers in the Office of the Illinois Attorney General, may contact information?                         |                                       | Yes             | No                  |  |
| If your complaint is referred to an agency other than the Office of the Illinois Attorney General, may we include your name and contact information? |                                       | Yes             | No                  |  |
| Other person(s) who could be a witness to the co   | mplaint you have alleged:             |                 |                     |  |
| Name Any identifying in  | nformation (DOB, Agency, Title, Telep | hone Number, E- | mail Address, etc.) |  |
| Name Any identifying ir  | nformation (DOB, Agency, Title, Telep | hone Number, E- | mail Address, etc.) |  |

| mmary of your complaint inclu<br>or were subject to misconduct | uding the dates ar<br>t. Please attach a | nd times of occurr<br>ny available docur | ence and individ<br>mentation in sup | uals who participat<br>port of your compl |
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individual's identity is otherwise required by law. 5 ILCS 430/20-90(a).

Illinois law states that any person who intentionally makes to an Executive Inspector General a false report alleging misconduct is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).