



**Kwame Raoul**  
**Illinois Attorney General**

**Military & Veterans Rights Bureau**  
Military & Veterans Helpline  
1-800-382-3000 / Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.

**Office Use Only**

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

CLMS No.: \_\_\_\_\_

**★ REQUEST FOR ASSISTANCE ★**

Enter information in the spaces provided and press SUBMIT at the end of the form. If you download the form, please type or print neatly before returning it by mail.

**Contact Information for Person Requesting Assistance**

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

County: \_\_\_\_\_ Is this Request Time Sensitive?  Yes  No

**Entity Against Which a Complaint is being Made (if applicable)**

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

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

Position/Title: \_\_\_\_\_ Department/Division: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

County: \_\_\_\_\_

**What Is Your Desired Outcome?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide monetary amount in correlation to complaint or concern:**

\_\_\_\_\_

**Describe Your Request for Assistance:**

Lined writing area for describing the request for assistance.

Have you filed a complaint with the office previously?  Yes  No

Is this complaint now pending with another agency?  Yes  No

If yes, please give the name(s) and address(es) of the other agency or agencies:

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What are the best times that we can reach you by telephone during the week, between 9am and 5pm? Preferred number to call:  Work  Home

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

**I currently serve in the:**  Air Force **On:**  Active Duty  
 Army  National Guard Duty  
 Coast Guard  Federal Reserve Duty  
 Marine Corps  State Active Duty (NG)  
 Navy  Auxiliary Duty  
 NOAA Commissioned Officers Corps  Other: \_\_\_\_\_  
 PHS Commissioned Corps

<b>I have served in the:</b> <input type="checkbox"/> Air Force <b>On:</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Army <input type="checkbox"/> National Guard Duty <input type="checkbox"/> Coast Guard <input type="checkbox"/> Federal Reserve Duty <input type="checkbox"/> Marine Corps <input type="checkbox"/> State Active Duty (NG) <input type="checkbox"/> Navy <input type="checkbox"/> Auxiliary Duty <input type="checkbox"/> NOAA Commissioned Officers Corps <input type="checkbox"/> Other: _____ <input type="checkbox"/> PHS Commissioned Corps
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**Type of Discharge:**  Honorable  Bad Conduct  
 General  Dishonorable  
 Other than Honorable Conditions  Entry Level Separation  
 Dismissal  Other: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ MOS(s): \_\_\_\_\_

Total Months Deployed in Combat Zone (if applicable): \_\_\_\_\_

I am a dependent of a service member or veteran.  Yes  No

Check if: Gold Star Family Member  Silver Star Family Member

**READ THE FOLLOWING BEFORE SIGNING:**

\_\_\_\_\_  
(Initial) I understand that the Illinois Attorney General is not my private attorney. 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 request being forwarded to the entity against which a claim is being made unless the box below is checked.

\_\_\_\_\_  
(Initial) By filing this request, I hereby give the entity complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters concerned with this request.

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

Please do not send this request to the entity complained about.

**Upon pressing SUBMIT, a digital copy of your completed form will be sent to the Military and Veterans Rights Bureau at [MVRB@ilag.gov](mailto:MVRB@ilag.gov).**

**If you choose to print, return this completed form to the addressee/location below:**

Office of the Illinois Attorney General  
Military & Veterans Rights Bureau  
201 West Pointe Drive, Suite 7  
Belleville, IL 62226-8309

**Find more resources for service members on the Military and Veterans Rights main page**

[www.Illinoisattorneygeneral.gov/rights-of-the-people/military-and-veterans-rights/](http://www.Illinoisattorneygeneral.gov/rights-of-the-people/military-and-veterans-rights/)



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