



KWAME RAOUL

Office of the Illinois Attorney General
Violence Prevention and Crime Victim Services Division
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COMPLAINT

ALLEGING AN EMPLOYEE OR OFFICE OF THE STATE OF ILLINOIS HAS VIOLATED VICTIMS RIGHT ENUMERATED IN THE ILLINOIS CONSTITUTION AND/OR THE RIGHTS OF CRIME VICTIMS AND WITNESSES ACT

Enter information in the spaces provided and press SUBMIT at the end of the form to return by email. Select PRINT to return a completed form by mail.
If you download the form to complete offline, please type or print neatly before returning it by mail.

Complaint Submissions:

- All complaints must be submitted **within sixty (60) days** of the complainant’s knowledge of the rights violation and be **within one year** of the alleged violation.
- The complaint and subsequent investigation are designed to **make recommendations and/or request corrective action** for employees or offices of the State of Illinois who may have violated the Rights of Crime Victims’ and Witnesses Act.
- Complaints regarding victim rights violations as defined in the Act may be submitted by crime victims, parent/guardians, victim’s representatives or advocates, the prosecutor, defense attorney, judge, victim’s rights attorney, or assigned victim witness staff in the criminal case at issue.
- A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a violent crime as defined by the Act.
- Receipt of complaints along with investigation determinations will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated employees and departments of the Illinois Attorney General’s Office in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

Victim

Attorney representing victim

Parent/Legal Guardian

Other (describe)_____

Name, phone number, and relationship to victim of person completing this form (if not the victim).

Is the victim represented by an attorney in the complaint? Yes No

If yes, please provide the attorney’s name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney._____

1. PERSONAL INFORMATION ABOUT THE VICTIM

First Name:	Middle Name:	Last Name:	
Title: Mr. Mrs. Ms. Miss: Other:			
Street Address:			
City:	State:	County:	Zip Code:
Home Telephone:	Work Telephone:	Cell Phone:	
Email Address:			

2. INFORMATION ABOUT CRIMINAL CASE:

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event:		
Investigation Arrest Arraignment Preliminary Hearing Guilty Plea Trial Sentencing		
Parole Hearing Other _____		
Defendant(s) Name(s):	Prosecutor(s):	
Case Number:	County:	Judge:

3. INFORMATION ABOUT THE VICTIM'S COMPLAINT

What is the location and name of the office(s) that is/are the subject of your complaint?

Is your complaint against a specific person in that office? Yes No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining. _____

Which of the following rights afforded by Article I, Section 8.1 of the Illinois Constitution and Crime Victims' Rights Act, 725 ILCS 120, was the victim denied? Please check all that apply.

Notification of victim's rights and/or procedure for asserting said rights.

The right to be treated with fairness and respect for my dignity and privacy and to be free from harassment, intimidation, and abuse throughout the criminal justice process.

The right to notice and to a hearing before a court ruling on a request for access to any of my records, information, or communications which are privileged or confidential by law.

The right to timely notification of all court proceedings.

The right to communicate with the prosecution.

The right to be heard at any post-arraignment court proceeding in which one of my rights is at issue and any court proceeding involving a post-arraignment release decision, plea, or sentencing.

The right to be notified of the conviction, the sentence, the imprisonment, and the release of the accused.

The right to timely disposition of the case following the arrest of the accused.

The right to be reasonably protected from the accused throughout the criminal justice process.

The right to have my safety and my family's safety considered in determining whether to release the defendant, and setting conditions of release after arrest and conviction.

The right to be present at the trial and all other court proceedings on the same basis as the accused, unless I will testify and the court determines that my testimony would be materially affected if I hear other testimony at the trial.

The right to have present at all court proceedings, subject to the rules of evidence, an advocate and other support person of my choice.

The right to restitution.

The right to request the presentence report and submit information to the preparer of the report about the effect the offense has had on the victim and the person.

Other (Please Specify) _____

4. STATEMENT OF COMPLAINT

Please provide as much detailed information about your complaint as possible, including the date(s) of the alleged violation(s), an explanation of how the violation(s) occurred, any person(s) that may have additional information, and any information that you feel helps explain the complaint. You may attach additional pages or documents to this complaint.

5. PRIOR NOTIFICATION TO THE OFFICE(S) THAT ARE THE SUBJECT OF YOUR COMPLAINT

Although you are not required to do so, did you notify the office(s) that are the subject of the above-alleged violation before filing this complaint? Yes No

Please describe your efforts to resolve this matter, including the date(s); the name, address and telephone number of the person with whom you attempted to resolve this matter; and any actions made by the office(s) to resolve your complaint. You may attached additional pages or documents to this complaint.

6. OTHER RELEVANT INFORMATION

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

READ THE FOLLOWING BEFORE SIGNING BELOW:

- In filing this complaint, I understand that the Attorney General is not my private attorney and will not serve as a victim's rights attorney on my behalf. Instead the Attorney General will investigate my complaint and make recommendations to employees and offices of the State of Illinois to respond more effectively to the needs of crime victims, including, regarding the violation of the rights of a crime victims. I have no objection to the designated employees and departments of the Illinois Attorney General's office using the information I have provided to investigate this complaint.
- By filing this complaint, I hereby give the Attorney General my consent to communicate with all involved parties regarding the underlying criminal case along with any and all matters connected to this complaint.

Signature: _____ Date _____