

OFFICE OF THE EXECUTIVE INSPECTOR GENERAL FOR THE OFFICE OF THE ILLINOIS ATTORNEY GENERAL

COMPLAINT FORM

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

The Office of the 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.

Contact Information:

Name: _____ Date: _____

Date of Birth: _____ Sex: M F

Address: _____
Street Address City State Zip Code

Home Phone: _____ Business Phone: _____

Other Phone: _____ E-mail: _____

Preferred method of contact: _____

Are you an employee of the Office of the Illinois Attorney General? Yes No

Complaint Information:

Is your complaint against an employee or vendor of the Office of the Attorney General? Yes No *

If not, where does the individual work? _____

*** Please note the Office of the Executive Inspector General for the Office of the Illinois Attorney General is only authorized to investigate complaints relating to employees of the Office of the Illinois Attorney General and vendors or others doing business with the Office of the Illinois Attorney General. If you answered "No" to the above question the Office of the Executive Inspector General for the Office of the Illinois Attorney General cannot investigate your complaint.**

Please provide as much detailed information as possible about the individual(s) your complaint relates to:

Subject of Complaint's Name: _____ Phone: _____

Date of Birth: _____ Sex: M F
(or approx. age)

Subject of Complaint's
Place of Employment: _____

Address: _____
Street Address City State Zip Code

Subject of Complaint's Name: _____ **Phone:** _____

Date of Birth: _____ Sex: M F
(or approx. age)

Subject of Complaint's
Place of Employment: _____

Address: _____
Street Address City State Zip Code

Have you notified any other Federal, State or local agency of your complaint or filed a lawsuit or grievance related to these matters? Yes No

If yes, with what agency did you file a complaint? _____

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 Office of the Executive Inspector General for the Illinois Attorney General? Yes No

If yes, please list any known case numbers: _____

Is this complaint related to your previously filed complaint? Yes No

May we refer your complaint to the appropriate agency if necessary? Yes No

If the Office of the Executive Inspector General refers your complaint to a bureau in the Office of the Attorney General, may we provide them with your name and contact information? Yes No

If your complaint is referred to an agency other than the Office of the Attorney General, do you want your name and contact information removed? Yes No

Other person(s) who could be a witness to the complaint you have alleged:

Name Any identifying information (DOB, Agency, Title, Telephone Number, E-mail Address, etc.)

Name Any identifying information (DOB, Agency, Title, Telephone Number, E-mail Address, etc.)

Summary of your complaint (you may use additional paper and please attach any available documentation in support of your complaint):

Illinois law provides that the identity of any individual providing information to an Executive Inspector General shall be kept confidential and may not be disclosed without the consent of that individual or when disclosure of the 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).