



Kwame Raoul
Illinois Attorney General

Military & Veteran's Rights Bureau
Military & Veterans' Hotline
1-800-382-3000 / TTY: 1-877-844-5461

Office Use Only

Date Received: _____

CLMS No.: _____

★ REQUEST FOR ASSISTANCE ★

(Type or Print Clearly)

Contact Information for Person Requesting Assistance

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

County: _____ Is this Request Time Sensitive? Yes No

Contact Information for Entity Against which an Accusation Is Being Made (if applicable)

Entity Name: _____

Address: _____

Position/Title: _____ Department/Division: _____

Telephone Number: _____ Email Address: _____

County: _____

Check if: Gold Star Family Member Silver Star Family Member

What Is Your Desired Outcome?

Dates of Service: _____ MOS(s): _____

Total Months Deployed in Combat Zone (if applicable): _____

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:

Do you prefer to be called at your home or work number? Work Home

What are the best times that we can reach you by telephone during the week, between 9am and 5pm?

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

I have served in the: <input type="checkbox"/> Air Force On: <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

Type of Discharge: Honorable Bad Conduct
 General Dishonorable
 Other than Honorable Conditions Entry Level Separation
 Dismissal Other: _____

I am a dependent of a Service Member or Veteran. Yes No

READ THE FOLLOWING BEFORE SIGNING:

_____ I understand that the Illinois Attorney General is not my private attorney. I also understand that if
(Initial) 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 an accusation is being made unless the box below is checked.

_____ By filing this request, I hereby give the entity complained about my consent to communicate,
(Initial) 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.

Print and 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

www.IllinoisAttorneyGeneral.gov

www.illinoisattorneygeneral.gov/rights/veterans.html

