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

COMPLAINT FORM

<u>Please type or print clearly below.</u> Return completed form to: Office of the Executive Inspector General, Illinois Attorney General's Office, 100 West Randolph Street, 12th Floor, Chicago, IL 60601 or fax to (312) 814-8444. Our toll-free hotline number is (888) 814-4646.

| | | Contact | Information: | : | | | |
|-------------------------|---|---------------------------------|------------------|-------------|------------|-------------|-----------|
| Name: | (required by statute) | | | | | Date: | |
| SSN: | | Date of Birth: | | _ Sex: | □М | □F | |
| Address: | Street Address | | | | | | |
| | Street Address | | | | | | |
| | City | State | Zip Code | | | | |
| Home Nu | mber: | | _ Business N | umber: | | | |
| Other Nur Please ch | mber: neckmark preferred i | method(s) of contac | _ E-mail: | | | | |
| Are you a | n employee of the Illir | nois Attorney Genera | ıl's Office? | | | ☐ Yes | □No |
| | | Complaint | Information | : | | | |
| ls your co General's | mplaint against an en Office? | nployee or vendor of | the State of III | linois Atto | orney | | Yes ☐ No* |
| If not, whe | ere does the individua | l work? | | | | | |
| employees | e the Inspector General's of the Attorney General's office. If your complaint is o them. | Office and vendors or o | others doing bus | iness with | the Attori | | |
| | orovide as much d al(s) you are comp | | on as possib | le abou | it the | | |
| Subject of | Complaint's Name: | | | Pł | none: _ | | |
| SSN: | | Date of Birth: (or app. age) | | Sex: | □ M | ∏F | |
| Address: | | | | | | | |
| | Street Address | | | | | | |
| | City | State | | Zip Coo | de | | |

| Have you notified any other Federal, State or local agency of y filed a lawsuit or grievance related to these matters? | your complai | nt or [| 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 this Inspector Gene | | ☐ 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 nece Once your complaint is referred, you may be contacted by that investigation. | part of its | ☐ Yes | □No | |
| If your complaint is referred, do you want your name and contaremoved? | on | ☐ Yes | ☐ No | |
| Summary of your complaint (You may use additional paper an support of your complaint): | nd please atta | ach any ava | ilable docum | entation in |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other person(s) who could be a witness to the complaint you have | have alleged | : | | |
| Name Any identi | fying information (| DOB, SSN, Age | ncy, Title, Telepho | ne Number, etc.) |
| Name Any identi | ifying information (| DOB, SSN, Age | ncy, Title, Telepho | ne Number, etc.) |

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).