



Office of Executive Inspector General



COMPLAINT FORM

PLEASE TYPE or PRINT CLEARLY BELOW.

Return completed form to: Michael Drake, Office of Executive Inspector General, Office of the Comptroller, 9 South Old State Capitol Plaza, Springfield, Illinois 62701. Alternatively, you may fax the form to our office at (217) 558-1603. Our telephone number is (217) 558-1601.

Contact Information:

Name: (REQUIRED) _____ Date: _____

SSN: _____ Date of Birth: _____ Age: _____ Sex: M F

Address: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

Home Number: _____ Business Number: _____

Other Number: _____ E-mail: _____

— Please checkmark preferred method(s) of contact —

Are you a State of Illinois Employee? Yes No

If yes, which agency?: _____

Is your complaint related to your state employment? Yes No

Complaint Information:

Is your complaint against a State of Illinois employee(s), agency, or vendor of the State? Yes No*

***If NO, our office lacks the authority to review or investigate your complaint.**

If yes, which agency? _____

Please provide as much detailed information about the individual(s) as possible.

Subject of Complaint's Name: _____ Phone: _____

SSN: _____ Date of Birth: _____ Age: _____ Sex: M F

Address: _____
STREET ADDRESS

_____ CITY STATE ZIP CODE

Have you notified any other Federal, State or local agency of your complaint? 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 (OEIG)? Yes No

If yes, please list any known OEIG case numbers: _____

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

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

Once your complaint is referred, you may be contacted by that agency as part of its investigation.

If your complaint is referred, do you want your name and contact information removed? Yes No

Summary of your complaint (please attach any available documentation in support of your complaint):

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

NAME ANY IDENTIFYING INFORMATION (DOB, SSN, AGENCY, TITLE, TELEPHONE NUMBER, ETC.)

NAME ANY IDENTIFYING INFORMATION (DOB, SSN, AGENCY, TITLE, TELEPHONE NUMBER, ETC.)

PLEASE COMPLETE AND MAIL FORM WITH SUPPORTING DOCUMENTATION TO MICHAEL DRAKE, OFFICE OF EXECUTIVE INSPECTOR GENERAL, OFFICE OF THE COMPTROLLER, 9 SOUTH OLD STATE CAPITOL PLAZA, SPRINGFIELD, ILLINOIS 62701. YOU MAY ALSO FAX THE FORM TO (217) 558-1603. OUR TELEPHONE NUMBER IS (217) 558-1601.