Office of the Auditor General Inspector General COMPLAINT FORM

Please type or clearly print information.

INSTRUCTIONS:

You are not required to provide information about yourself. The Inspector General accepts anonymous complaints. If you choose to provide information about your identity, there may be circumstances under which your identity may be revealed (for instance, if your complaint is referred to a law enforcement agency).

Individuals who file complaints are not normally informed of the existence, status or outcome of an investigation. Generally, you will only be contacted again if there is a need for additional information or clarification.

The Inspector General does not represent any party or agency in an investigation and does not investigate "on behalf" of any individual or agency. If an individual is seeking legal representation, she or he should consult with an attorney.

OPTIONAL INFORMATION:					
Your name:		Date:_			
Address:					
Street Address					
City	State			Zip Code	e
□ Phone:					
□ E-mail:					
Are you a State of Illinois employee?	□ Yes	□ No			
If "YES", which agency?:					
Is the alleged violation related to your Sta	ate employmer	nt?	□ Yes	\square No	
INFORMATION ABOUT ALLEGED Is your complaint against an employee of			General?	□Yes	□ No

If "NO", this office lacks the authority to review or investigate the alleged violation and the complaint will be returned or referred to the appropriate authority. If "YES", complete the following concerning the nature of the alleged violation.

Please provide as much detailed information alleged violation:	as possible about the per	rson who committed the
Subject's Name:	Phone:	
Title (if known):		
Address:		
Street Address		
City	State	Zip Code
Have you notified any other Federal, State or logrievance related to these matters? ☐ Yes		laint or filed a lawsuit or
If yes, with what agency did you file a c	complaint?	
What is the complaint number?		
Has your complaint been resolved? ☐ Yes	□ No	
If yes, briefly summarize the results:		
May we refer your complaint to the appropriate Please be aware that complaints relating to a agency. Once your complaint is referred, y its investigation.	nanagement issues may	be referred back to the
Please (1) describe the acts and circumstances date and time of the alleged violation; (3) state participated in the alleged violation; (4) provid any relevant materials. (Add additional pages if	the names of any other pole any other relevant info	ersons who witnessed or ormation; and (5) submit

Other person(s) who could be a witness to the complaint you have alleged:
Name
Any other identifying information (Agency, Title, Phone Number, etc.)
Name
Any other identifying information (Agency, Title, Phone Number, etc.)
WAIVER OF CONFIDENTIALITY: If you have identified yourself, your identity as the person reporting an alleged violation confidential unless you waive confidentiality or unless disclosure is required by law or rul. This right of confidentiality does not preclude the disclosure of the identity of a person in arcapacity other than as the source of an allegation.
Do you wish to waive your right to confidentiality? \Box Yes \Box No
If "YES", please sign here:
MATERIALS EXEMPT FROM DISCLOSURE: The Office of the Auditor General's Inspector General's investigatory files and reports a confidential and exempt from disclosure under the Freedom of Information Act, but may be shared as permitted and appropriate for the proper conduct and conclusion of an investigation. Upon conclusion of an investigation, a report regarding the investigation may be completed as provided to the head of the State agency responsible for managing the complaint or carrying of any recommended actions. When supported by investigative findings, an investigative report any also be provided to the Attorney General or a law enforcement agency for review, determine whether or not the underlying facts support a criminal prosecution.
WHERE TO RETURN THIS FORM: Return completed form to: Kevin Doyle Office of the Auditor General Inspector General 400 W. Monroe, Suite 306, Springfield, IL 62703 Phone: 217/782-6046; TTY: 888/261-2887 KDoyle@auditor.illinois.gov Please mark your envelope "confidential."
Any person who intentionally makes a false report alleging a violation of the State Officials are Employees Ethics Act to an ethics commission, an inspector general, the State Police, a State Attorney, the Attorney General, or any other law enforcement official is guilty of a Class misdemeanor. 5 ILCS 430/50-5(d).
SIGNATURE (optional): Date: