

**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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a State of Illinois employee?       Yes       No

If “YES”, which agency?: \_\_\_\_\_

Is the alleged violation related to your State employment?       Yes       No

**INFORMATION ABOUT ALLEGED VIOLATION:**

Is your complaint against an employee of the Office of the Auditor 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.**



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

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Name

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Any other identifying information (Agency, Title, Phone Number, etc.)

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Name

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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 is confidential unless you waive confidentiality **or unless disclosure is required by law or rule.** This right of confidentiality does not preclude the disclosure of the identity of a person in any capacity other than as the source of an allegation.

Do you wish to waive your right to confidentiality?       Yes       No

If "YES", please sign here: \_\_\_\_\_

**MATERIALS EXEMPT FROM DISCLOSURE:**

The Office of the Auditor General's Inspector General's investigatory files and reports are 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 and provided to the head of the State agency responsible for managing the complaint or carrying out any recommended actions. When supported by investigative findings, an investigative report may also be provided to the Attorney General or a law enforcement agency for review, to 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 and Employees Ethics Act to an ethics commission, an inspector general, the State Police, a State's Attorney, the Attorney General, or any other law enforcement official is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).

SIGNATURE (optional): \_\_\_\_\_ Date: \_\_\_\_\_