

## **COMPLAINT**

<u>Please type or print clearly below.</u> Return completed form to: Office of Executive Inspector General, Division of Investigations, 69 West Washington Street, Suite 3400, Chicago, IL 60602. Our toll-free hotline number is (866)814-1113. TTY: 1-888-261-2734.

## (Your) Contact Information

The OEIG does accept anonymous complaints, however our inability to discuss this matter with you directly may hinder our ability to investigate this complaint.

Name:*	Date:		
*The OEIG accepts anonymous complaints			
Age: Sex: M F			
Address:			
Street Address			
City	State	Zip Code	
Home Phone:	Business Phone:		
Other Phone:	Email Address:		
What is your preferred method of contact?			
Are you employed by the State of Illinois, a State pub Pace, or RTA?	lic university, CTA, Metra,	Yes No	
If yes, which agency?	Job Title:		
Is your complaint against an employee(s), agency, or swith the State of Illinois, a State public university, CT of the Regional Development Authorities?  If yes, which agency?		Yes No	
Have you notified any other federal, State, or local agrilled a lawsuit or grievance related to these matters?	ency of your complaint or	Yes No	
If yes, with which agency did you file a complaint?			
What is the complaint number?	Has your complaint be	en resolved?  Yes  No	
If yes, briefly summarize the results:			
Have you previously filed a complaint with the OEIG	?	Yes No	
If yes, please list any known OEIG case numbers:			
Is this complaint related to your previously filed OEIC	G complaint?	☐ Yes ☐ No	

## Please be aware that your complaint(s) may be referred to other government agencies including the agency referred to in your complaint.

If your complaint is referred, do you consent to th complainant?	e release of	your identity a	as the		Yes No
If the OEIG conducts an investigation and issues a identified as the complainant in that report?	a report, do y	you consent to	being		Yes No
Subject Information (person	ı(s) agaiı	nst whom	you a	ire coi	mplaining)
Subject's Name:	, ,		•		•
Approximate Age:				M	
Address:					
Street Address					
City	State				Zip Code
Agency Employed:		Job Title:			
Additional Information:					
Subject's Name:					
Approximate Age:	_		Sex:		
Address:					
Street Address					
City	State				Zip Code
Agency Employed:		Job Title:			
Additional Information:					
Subject's Name:			Phone:		
Approximate Age:			Sex:		□ F
Address:					
Street Address					
City	State				Zip Code
Agency Employed:		Job Title:			
Additional Information:					
Subject's Name:			Phone:		
Approximate Age:	_		Sex:		□ F
Address:					
Street Address					
City	State				Zip Code
Agency Employed:		Job Title:			
Additional Information:					

## **Complaint Information**

Please summarize your complaint, inclu documentation or other evidence in support	ding the date and time of alleged incident(s) (please attach any of your complaint):
Please list other person(s) who could be a w	vitness to the misconduct you have alleged:
Name	Any identifying information (Agency, Title, Telephone Number, etc.)
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Complaint Taken By:*	

Please list any additional individuals who were subjected to the alleged misconduct:

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).

<sup>\*</sup>To be completed by the OEIG