



**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 as possible about the person who committed the alleged violation:

Subject’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title (if known): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Have you notified any other Federal, State or local agency of your complaint or filed a lawsuit or grievance related to these matters?  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: \_\_\_\_\_

May we refer your complaint to the appropriate agency if necessary?  Yes  No  
**Please be aware that complaints relating to management issues may be referred back to the agency. Once your complaint is referred, you may be contacted by that agency as part of its investigation.**

Please (1) describe the acts and circumstances that surrounded the alleged violation; (2) state the date and time of the alleged violation; (3) state the names of any other persons who witnessed or participated in the alleged violation; (4) provide any other relevant information; and (5) submit any relevant materials. (Add additional pages if necessary)

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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 by mail to:

Don Kliment

Office of the Auditor General Inspector General

740 E. Ash St., Springfield, IL 62703

Phone: 217/782-6046; TTY: 888/261-2887

dkliment@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: \_\_\_\_\_