

# Office of Executive Inspector General for the Illinois State Treasurer

# **COMPLAINT FORM**

<u>Please print clearly</u> and return the completed form to: Office of Executive Inspector General, Illinois State Treasurer, Marine Bank Building, 1 East Old State Capitol Plaza, Springfield, IL 62701. The form may also be emailed to oig@illinoistreasurer.gov or oeig@illinoistreasurer.gov.

The Office of Executive Inspector General accepts anonymous complaints; *however, please note that the inability to contact you to discuss the complaint may hinder us from thoroughly reviewing and/or resolving your allegations.* 

#### **Contact Information:**

Name		Date:
Gender: 0 Man 0 Woman 0 Transgender 0 Non-binary Date of B		Date of Birth:
Please select the pronouns you use : 0 she/h	er/hers 0 he/him/his	0 they/them/theirs
Please share your pronoun if it is not listed:		
Street Address:		
City	State	Zip Code
Please circle preferred method(s) of contact:		
Home Number:	Business Number:	
Other Number:	E-Mail:	
Are you a State of Illinois Employee?	0 YES 0 NO	
If YES, which agency?		
Is your complaint re;ated to your State emp	oloyment? 0 YES	0 NO
Complaint Information:		
Is your complaint against an employee or vendor o	f the Illinois State Treasu	urer? 0 YES 0 NO
If NO, our office lacks the authority to review or inve for the Illinois State Treasurer is only authorize State Treasurer and vendors or others doing busin	ed to investigate compl	aints relating to employees of the Illinois
Have you notified any other Federal, State,	, or local agency of your	complaint? 0 YES 0 NO
If YES, with what agency did you file a co	mplaint?	
What is the complaint number?		
Has your complaint been resolved? $0$ YE	s <b>0</b> no	
If YES, briefly summarize the results:		
	1 of 3	

1 East Old State Capitol Plaza - Springfield, Illinois 62701 (217) 557-1972 OIG@illinoistreasurer.gov

 If YES, please list any known case number(s):

 Is this complaint related to your previously filed complaint?
 0 YES 0 NO

May we refer your complaint to the appropriate agency, if necessary? 0 YES 0 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? 0 YES 0 NO

## Please provide as much detailed information as possible about the individual(s) you are complaining about.

Subject of Comp	laint's Name:	Phone:				
Approximate Ag	e:	Gender:	0 Man	0 Woman	0 Transgender	0 Non-binary
Street Address:						
	City		S	State		Zip Code

Please summarize your complaint, including the date and time of alleged incident(s). Please attach any documentation or other evidence in support of your complaint.

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

Name	Any identifying information (Agency, Title, Telephone Number, Email, etc.)
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#### Please mail the completed form to:

Office of Executive Inspector General Illinois State Treasurer Marine Bank Building 1 East Old State Capitol Plaza Springfield, IL 62701

## Or email the form to:

oig@illinoistreasurer.gov or oeig@illinoistreasurer.gov

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 430/20-90a. Illinois law states that any person who intentionally makes, to an Executive Inspector General, a false report alleging a violation of the State Officials and Employees Ethics Act is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).