

COMPLAINT FORM

<u>Please print clearly</u> and return the completed form to: Office of the 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 oeig@illinoistreasurer.gov.

The Office of the Executive Inspector General accepts anonymous complaints; however, please note that the ability to contact you to discuss the complaint may enable us to investigate your complaint more thoroughly.

Name Date of Birth Address: Street Address	Sex: O M O F	
Address: <u>Street Address</u>		
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?	O YES O NO	
If YES, which agency?		
Is your complaint related to your state employme	ort? or YES of	NO
Complaint Information:		
Is your complaint against an employee or vendor of the C	Office of the Illinois	State Treasurer? O YES O NO
If NO, our office lacks the authority to review or investi General for the Illinois State Treasurer is only author Illinois State Treasurer and vendors or others doing bus	orized to investigate	e complaints relating to employees of the
Have you notified any other Federal, State, or loc	cal agency of your co	omplaint? o YES o NO
If YES, with what agency did you file a	complaint?	
What is the complaint number?		
Has your complaint been resolved? O Y	TES O NO	
If YES, briefly summarize the results:		

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

Have you previo	ously filed a complaint with the	ne Office of the Executive	Inspector General?	O YES O NO
If YES,	please list any known case n	umber(s):		
Is this c	omplaint related to your prev	iously filed complaint?	O YES O NO	
May we refer yo	our complaint to the appropria	ate agency, if necessary?	o yes o no	
(Once your com	plaint is referred, you may be	e contacted by that agency	as part of its investige	ation)
If your complain	nt is referred, do you want yo	ur name and contact inform	nation removed? O Y	ES O NO
Please provide	as much detailed information	on as possible about the in	ndividual(s) you are	complaining about.
Subject	of Complaint's Name:		Phone:	
	imate Age:			
Address	::			
	Street Address			
	City	State	Zip C	Code
Please summariz other evidence i	ze your complaint, including n support of your complaint.	the date and time of alleged	d incident(s). Please a	ttach any documentation of

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

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

Office of the Executive Inspector General Illinois State Treasurer Marine Bank Building 1 East Old State Capitol Plaza Springfield, IL 62701 Or Email the form to:

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).