



OFFICE OF EXECUTIVE INSPECTOR GENERAL

State of Illinois Comptroller

OEIG@illinoiscomptroller.gov

COMPLAINT

Please type or print clearly below. Return completed form to: Office of Executive Inspector General, 325 West Adams Street, Springfield, IL 62704. Alternatively, you may fax the form to our office at (217) 558-1603 or submit the form by email to OEIG@illinoiscomptroller.gov . Our phone number is (217) 782-2103.

(Your) Contact Information

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 public university, CTA, Metra, Pace, or RTA? Yes No

If yes, which agency? _____ Job Title: _____

Is your complaint against an employee(s), agency, or someone doing business with the State of Illinois, CTA, Metra, Pace, or RTA? Yes No

If yes, which agency? _____

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 which agency did you file a complaint? _____

What is the complaint number? _____ Has your complaint been resolved? Yes No

If yes, briefly summarize the results:

Empty rectangular box for summarizing 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 OEIG 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 the release of your identity as the complainant? Yes No

If the OEIG conducts an investigation and issues a report, do you consent to being identified as the complainant in that report? Yes No

Subject Information (person(s) against whom you are complaining)

SUBJECT'S NAME: _____ Phone: _____

Approximate Age: _____ Sex: M F

Address:

Street Address

City

State

Zip Code

Agency Employed: _____ Job Title: _____

Additional Information: _____

SUBJECT'S NAME: _____ Phone: _____

Approximate Age: _____ Sex: M F

Address:

Street Address

City

State

Zip Code

Agency Employed: _____ Job Title: _____

Additional Information: _____

SUBJECT'S NAME: _____ Phone: _____

Approximate Age: _____ Sex: M F

Address:

Street Address

City

State

Zip Code

Agency Employed: _____ Job Title: _____

Additional Information: _____

SUBJECT'S NAME: _____ Phone: _____

Approximate Age: _____ Sex: M F

Address:

Street Address

City

State

Zip Code

Agency Employed: _____ Job Title: _____

Additional Information: _____

Complaint Information

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 misconduct you have alleged:

_____	_____
Name	Any identifying information (Agency, Title, Telephone Number, etc.)
_____	_____
Name	Any identifying information (Agency, Title, Telephone Number, etc.)
_____	_____
Name	Any identifying information (Agency, Title, Telephone Number, etc.)

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).