



Office of the Legislative Inspector General

COMPLAINT FORM

Please type or clearly print information.

Information About You as the Complainant:

Your name (unless anonymous):

Preferred title: Mr. Ms. Mrs.

Address:

Street Address

City

State

Zip Code

Please check one or more preferred methods of contact:

Home Phone:

Business Phone:

Other Phone:

E-mail:

Are you a State of Illinois employee? Yes No

If "YES", which agency?:

Is the alleged violation related to your State employment? Yes No

Jurisdictional Information About Alleged Violation:

Was the violation by a member of the Illinois General Assembly or a State employee who is under the jurisdiction of a legislative leader, the Senate Operations Commission, or the Joint Committee on Legislative Support Services? Yes No

***If "NO", this office lacks the authority to review or investigate the violation, but will refer your complaint to the appropriate authority. If "YES", complete the next page concerning the nature of the violation.**

Waiver of Confidentiality:

Your identity as the person reporting a violation is confidential unless you waive confidentiality or disclosure is required by law.

Do you wish to waive your right to confidentiality? Yes No

If YES, then please also sign the more detailed waiver of confidentiality on page 3.

NOTICE: Materials Exempt from Public Disclosure:

The Legislative Inspector General's investigatory files and reports are confidential and exempt from public disclosure under the Freedom of Information Act. Allegations, pleadings, and related documents are exempt from disclosure under the Freedom of Information Act so long as the Legislative Ethics Commission does not make a finding of a violation.

PROCEED TO THE NEXT PAGE TO REPORT DETAILS OF VIOLATION

DETAILS OF THE VIOLATION

Please provide as much detailed information as possible about the person who committed the violation:

Subject's Name:

Phone:

Legislative District/Office

Address:

Street Address

City

State

Zip Code

Check one:

Member of General Assembly

Legislative Employee

Please (1) describe the acts and circumstances that surrounded the 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 supporting materials. (Add additional pages if necessary)

NOTICE: 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:

Date:

WAIVER OF RIGHT TO CONFIDENTIALITY

(Optional)

The undersigned, having filed the foregoing report of violation with the Legislative Inspector General or Legislative Ethics Commission, hereby knowingly waives and relinquishes the right to confidentiality pursuant to Section 25-90(a) of the State Officials and Employees Ethics Act, which provides as follows:

“The identity of any individual providing information or reporting any possible or alleged misconduct to the Legislative Inspector General or the Legislative Ethics Commission shall be kept confidential and may not be disclosed without the consent of that individual, unless the individual consents to the disclosure of his or her name or disclosure of the individual’s identify is otherwise required by law. The confidentiality granted by this subsection does not preclude the disclosure of the identity of a person in any capacity other than as the source of an allegation.” 5 ILCS 430/25-90(a).

SIGNATURE:

Date:

Please mail this completed form to:

Legislative Inspector General
420 Stratton Office Building Springfield, IL
62706

Or email it to:

LIG@ILGA.gov

For questions, you may call the Office of Legislative Inspector General at:

(217) 558-1560