



# Office of Executive Inspector General



## COMPLAINT FORM

PLEASE TYPE or PRINT CLEARLY BELOW.

**Return completed form to:** Michael Drake, Office of Executive Inspector General, Office of the Comptroller, 9 South Old State Capitol Plaza, Springfield, Illinois 62701. Alternatively, you may fax the form to our office at (217) 558-1603. Our telephone number is (217) 558-1601.

### Contact Information:

Name: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

Home Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Other Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

— Please checkmark preferred method(s) of contact —

Are you a State of Illinois Employee?  Yes  No

If yes, which agency?: \_\_\_\_\_

Is your complaint related to your state employment?  Yes  No

### Complaint Information:

Is your complaint against a State of Illinois employee(s), agency, or vendor of the State?  Yes  No\*

**\*If NO, our office lacks the authority to review or investigate your complaint.**

If yes, which agency? \_\_\_\_\_

Please provide as much detailed information about the individual(s) as possible.

Subject of Complaint's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Address: \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_ CITY STATE ZIP CODE

Have you notified any other Federal, State or local agency of your complaint?  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: \_\_\_\_\_

\_\_\_\_\_

Have you previously filed a complaint with the Office of the Executive Inspector General (OEIG)?  Yes  No

If yes, please list any known OEIG case numbers: \_\_\_\_\_

Is this complaint related to your previously filed OEIG complaint?  Yes  No

May we refer your complaint to the appropriate agency if necessary?  Yes  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?  Yes  No

Summary of your complaint (please attach any available documentation in support of your complaint):

\_\_\_\_\_  
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\_\_\_\_\_

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

\_\_\_\_\_  
NAME ANY IDENTIFYING INFORMATION (DOB, SSN, AGENCY, TITLE, TELEPHONE NUMBER, ETC.)

\_\_\_\_\_  
NAME ANY IDENTIFYING INFORMATION (DOB, SSN, AGENCY, TITLE, TELEPHONE NUMBER, ETC.)

PLEASE COMPLETE AND MAIL FORM WITH SUPPORTING DOCUMENTATION TO MICHAEL DRAKE, OFFICE OF EXECUTIVE INSPECTOR GENERAL, OFFICE OF THE COMPTROLLER, 9 SOUTH OLD STATE CAPITOL PLAZA, SPRINGFIELD, ILLINOIS 62701. YOU MAY ALSO FAX THE FORM TO (217) 558-1603. OUR TELEPHONE NUMBER IS (217) 558-1601.