



OFFICE OF INSPECTOR GENERAL
Clerk of the Circuit Court of Cook County, Illinois

COMPLAINT FORM

Please type or print clearly the information below. Required fields are indicated in **bold**.

Return the completed form:

in person to: Inspector General, 69 West Washington, 25th Floor, Chicago, Illinois 60602 *or*

by Confidential OIG Fax: 312-603-9676

You may also submit your complaint via our **Confidential OIG Hotline** at 312-603-3424.

Contact Information:

Name _____ **Date:** _____

Age: _____ Sex: M F

Address: _____

Street Address

City

State

Zip Code

Home Telephone Number: _____ **Business Telephone Number:** _____

Other Telephone Number: _____ **E-mail:** _____

What is your preferred method of contact? Telephone Postal Mail E-Mail

Are you a Clerk of the Circuit Court Employee? Yes No

Is your complaint related to your employment? Yes No

Is your complaint against the Office of the Clerk of the Circuit Court or its Employee(s)? Yes No*

If you answered "no" to the above question, please be aware that our office lacks the authority to review your complaint and the complaint will be returned.

If you answered "yes", please provide as much detailed information about the individual(s) as possible.

Type of Complaint Workplace Violence Sexual Harassment Harassment
 Theft Customer Service Discrimination

Subject of Complaint's Name: _____ **Telephone:** _____

Approximate Age: _____ **Sex:** M F

Address: _____

Street Address:

City

State

Zip Code

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 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 OIG Yes No

If yes, when? _____

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

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

Summary of your complaint including date and time of alleged incident(s) (please attach any available documentation in support of your complaint):

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

Name Any identifying information Title: Telephone Number, etc.

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