



**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, 25<sup>th</sup> 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.

\_\_\_\_\_  
Name Any identifying information Title: Telephone Number, etc.