



# Office of the Legislative Inspector General

## CASE INITIATION FORM

Please type or clearly print information.

### Information About Complainant:

Your contact information (optional):

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

### Information About Alleged Violation:

Was the alleged 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 alleged violation but will refer it to the appropriate authority. If "YES", complete the attached sheet concerning the nature of the alleged violation.**

### Waiver of Confidentiality:

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

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

If "YES", please sign and return the optional Waiver of Right to Confidentiality.

### Materials Exempt from Disclosure:

The Legislative Inspector General's investigatory files and reports are confidential and exempt from 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 Commission does not make a finding of a violation.

### Where to Return this Form:

Please return form by mail or email: Office of the Legislative Inspector General, P.O. Box 381, Petersburg, IL 62675.  
Phone: 217/558-1560, E-mail: carol.pope@ilga.gov

## Nature of Alleged Violation

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

Subject's Name:

Phone:

Legislative District (if known)

Sex:

M

F

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 alleged 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 materials. (Add additional pages if necessary)

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 an alleged violation with the Legislative Inspector General or Legislative Ethics Commission, hereby knowingly waives and relinquishes his or her 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: