

KANKAKEE COUNTY ETHICS COMPLAINT INVESTIGATION FORM

Please type or print clearly below.

Return completed form to:

Ethics Advisor
189 E Court Street #502
Kankakee, IL 60901
ethics@k3county.net

Alternatively, you may fax the form to the Administration Office at (815) 937-3918.

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____ Email: _____

Preferred method of contact: Phone 1 Phone 2 Email Postal Mail

Are you employed by Kankakee County, a municipality within Kankakee County, or the State of IL?
Yes No

If yes, which department? _____ Position? _____

Have you notified any other federal, State, or local department or agency of your complaint or filed a lawsuit or grievance related to this matter? Yes No

If yes, with which department or agency did you file a complaint? _____

What is the complaint number? _____ Has complaint been resolved? Yes No

Have you previously filed a complaint with the Kankakee County Ethics Advisor or Ethics Commission? Yes No

If yes, please list approximate date and names of County employees or Ethics Commission Members you communicated with regarding your previous complaint: _____

Subject's Information (person against whom you are complaining)
Please provide as much information as is known.

Subjects Name: _____ Department: _____

Address: _____ City: _____ State: _____ Zip: _____

Subject's Phone #'s/Email/Fax: _____

Additional Person(s) to be Named in Complaint (if any): _____

Date of Alleged Complaint _____

Description of Alleged Complaint _____

Please list all known witnesses who may provide relevant information or testimony regarding the allegations contained in this complaint.

If you need additional space, please attach separate sheet(s).

Witness Name: _____

Employed By: _____ Position: _____

Phone Number(s) & Email _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information: _____

Witness Name: _____

Employed By: _____ Position: _____

Phone Number(s) & Email _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information: _____

Witness Name: _____

Employed By: _____ Position: _____

Phone Number(s) & Email _____

Address: _____ City: _____ State: _____ Zip: _____

Additional Information: _____

Please be aware your complaint(s) may be referred to other departments or agencies including the department or agency listed in your complaint.

Do you have any additional documents to submit in support of your complaint? Yes No
If yes, please include copies with this form and indicate number of additional pages _____

Signature Date

Subscribed and sworn to before me
this _____ day of _____, 20 _____.

NOTARY PUBLIC

The Ethics Advisor and Advisory Board take every complaint seriously and will investigate your concerns upon receipt of this complaint. Kankakee County appreciates you taking the time to bring this to the Ethics Commission's attention and for doing your part in keeping all County employees accountable.

For Office Use Only

Complaint Received By: _____ Date Received: _____