

## **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](mailto: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: \_\_\_\_\_

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 \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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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.***

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***For Office Use Only***

Complaint Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_