



DU PAGE COUNTY ETHICS COMPLAINT

A person alleging a violation of the DuPage County Ethics Ordinance shall submit a written complaint to the Office of the DuPage County Investigator General. *Please complete the ethics complaint form and submit the original to:*

Gregory Vaci
DuPage County Investigator General
421 N. County Farm Road
Wheaton, IL 60187
investigatorgeneral@dupageco.org

COMPLAINANT'S INFORMATION

Full Name: _____
Department: _____
Mailing Address: _____
Business Telephone: _____
Personal Telephone: _____
Email Address: _____

WHISTLEBLOWER PROTECTION: Any person who, acting in good faith, submits a complaint pursuant to the Ethics Ordinance shall have all of the protections against retaliation afforded to a whistleblower under the provisions of the Ordinance and the laws of the State of Illinois, and his or her identity shall be kept confidential and may not be disclosed without his or her consent, unless the disclosure of the person's identity is otherwise required by law. However, the disclosure of the identity of a complainant in any capacity other than as the source of an allegation is not prohibited, and, notwithstanding any other provision of the Ordinance or the laws of the State of Illinois, the Investigator General is authorized to, as he or she deems appropriate, provide any and all information, including the identity of a complainant, to any administrative or law enforcement agency with jurisdiction to investigate any suspected criminality or other impropriety that may come to his or her attention.

ETHICS ORDINANCE COMPLAINT INFORMATION

1. Please provide the name of, the employment position of and all known contact information regarding the employee or officer against whom this complaint is filed.

2. Please describe in detail the alleged violation(s) of the Ethics Ordinance, and why you believe that the alleged act(s) constitute a violation of the DuPage County Ethics Ordinance. *(Please be specific with respect to names, dates, and locations. If necessary, please attach additional pages.)*

3. Please provide the name(s) of, and all known contact information regarding all relevant witness(es). *(If necessary, please attach additional pages.)*

Complainant's Signature

Date