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| **Contact Information\* (optional)** | | |
|  |  |  |
| Name |  | Date |
|  |  |  |
| Address |  |  |
|  |  |  |
| City/State/Zip Code |  | Telephone Number |
|  |  |  |
| Email Address |  | Alternate Telephone Number |

***\*The University Ethics Office does accept anonymous ethics complaints; however, our inability to discuss this matter with you directly may prevent us from investigating this complaint****.*

If your complaint is referred to a different agency or office, do you want your name and contact information removed?\*  Yes  No

***\* The University Ethics Office cannot guarantee that other entities can act on anonymous complaints.***

Are you a State of Illinois Employee?  Yes  No

If yes, what agency are you employed with?

|  |  |
| --- | --- |
| **Details of Complaint** | |
| Date(s) the alleged violations occurred: |  |
| Is your complaint against an Illinois State University employee or vendor?  Yes  No\*  ***\*If NO, our office lacks the authority to review or investigate your complaint and the complaint will be returned.*** | |
| Have you notified any other Federal, State, or local agencies of your complaint or filed a lawsuit or grievance related to these matters?  Yes  No | |

|  |  |
| --- | --- |
| **Witness Information (if applicable)** | |
| *Please provide the name, contact information, and any identifying information such as job title and/or department name for all witnesses. Attach additional sheets if necessary.* | |
| Witness #1 : |  |
| Witness #2 : |  |
| Witness #3 : |  |
|  | |
| **Subject(s) of Complaint** | |
| *Please provide below the name, contact information (if available), and any identifying information such as job title and/or department name. Attach additional sheets as necessary.* | |
| Subject #1: |  |
| Subject #2: |  |
| Subject #3: |  |

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| --- |
| **Description of Complaint** |
| *Please describe your complaint in detail. Additional sheets may be attached as necessary. Documentation in support of your complaint may also be attached.* |
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| I, the undersigned, do hereby authorize the University Ethics Office or other designated Illinois State University officials to conduct inquiries or investigation procedures as needed with respect to the investigation/resolution of this complaint. I understand the information regarding my complaint may be shared with applicable University officials in order to acquire sufficient information with respect to the investigation as well as any follow-up activities that may be required in relation to the University’s response to my complaint. I also authorize the University to use whatever information may be obtained with respect to this complaint in any legal or formal grievance proceedings that may involve the issues contained herein. I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief. | | | |
|  |  |  |  |
| Signature | Date | University Ethics Officer | Date |