

Lake County Public Official and Employee Ethics & Conduct Code / Standards of Conduct Complaint Form

Date of Complaint _____

Name of Complainant _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Email _____

Are you employed by Lake County? Yes _____ No _____

What has been allegedly violated in the Ethics & Conduct Code or Standards of Conduct:

Name and title of each County Board Member, County employee, or Appointed Officer that is the subject of the complaint:

As specifically as possible please state the circumstances surrounding the complaint and what sections of the Code has been violated, if known (*feel free to use a separate sheet of paper if more space is needed*).

Evidence or documentation that supports your complaint must be attached. Only the original form needs to be notarized. Seal and return this form with all of the attachments and copies to:

For Employee Complaints: Ethics Advisor, Human Resources Department 18 N. County Street, Waukegan IL 60085.

For Board Member Complaints: Lake County State's Attorney's Office, 18 N. County Street, Waukegan, IL 60085.

I, _____, being duly sworn, do hereby state that I am the complainant herein, and that I have read the foregoing complaint and know the contents thereof and that the same is true, and that the said complaint is hereby made upon my own personal knowledge, except to the matters therein stated on information and belief and that as to these matters I believe the same to be true.

False statements made intending to mislead a Public Servant are punishable under Illinois State law.

Complainant Signature _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, by _____, on this the _____ day of _____, 20____.

NOTARY PUBLIC IN AND FOR THE STATE OF ILLINOIS
MY COMMISSION EXPIRES:
