

**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:

- Prohibited Political Activities (Ethics & Conduct Code Section B)**
- Influencing Hiring Decisions (Ethics & Conduct Code Section C)**
- Gift Ban (Ethics & Conduct Code Section D)**
- Board Member Conduct (Ethics & Conduct Code Section L)**
 - Harassment**
 - False Representation**
 - False Reporting**
 - Retaliation**

Other (Failing to identify the correct Code section will not necessarily prevent the consideration of your Complaint):

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:

Lake County Administrator's Office, 18 N. County Street, 9th Floor, 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:
