Forest Preserve District of DuPage County

Ethics Complaint Form

How to Submit This Form

Complete this form, have it notarized and send via certified U.S. mail to Ethics Commission, Executive Offices, Forest Preserve District of DuPage County, P.O. Box 5000, Wheaton, IL 60189. Or email the scanned notarized form to the Executive Assistant Sheahan at fsheahan@dupageforest.org. Once the Ethics Commission receives your complaint, it will send you a confirmation letter via U. S. certified mail with return receipt within three business days. The letter will detail how the Ethics Commission will proceed with the investigation.

Your Information

Name

Mailing Address

Daytime Phone Best Time To Contact You

Email

Details About Your Complaint Please attach additional pages if needed.

Against whom are you filing this complaint? Include the person's job title and contact information if available.

Where and when did the violation occur?

How has this person allegedly violated the Forest Preserve District of DuPage County's ethics ordinance?

Is this a one-time or recurring violation? Please provide details.

If you know of any witnesses to the alleged violation, please provide their names and contact information.

Have you made prior, related complaints? When? Please include who you contacted.

Whistleblower Protection

- If you submit a complaint, Illinois law and the Forest Preserve District of DuPage County's ethics ordinance protect you from retaliation. You should immediately contact the Ethics Commission representative at (630) 933-7200 if any adverse actions occur because you submitted a complaint.
- Your identity as the person who filed the complaint will remain confidential unless you approve its disclosure or the law requires it.
- The Ethics Commission may include your name with information it provides another agency, such as a law enforcement department that's investigating a suspected crime, but it will not list you as the person who filed the complaint unless you approve it or the law requires it.

Signature Date

STATE OF ILLINOIS

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

by _____ (name of person acknowledged.)

NOTARY PUBLIC (SEAL)

Notary Signature Date

Printed Name

My Commission Expires