



COMPLAINT

If you would like to file a Complaint regarding an employee or action of the Forest Preserve District (FPD), you can contact one of the individuals below. You can also submit this form to the FPD's Director of Compliance, the Office of the Independent Inspector General, or the Office of District Compliance Administrator. Contact information is below. If you prefer, you can file a complaint anonymously.

Director of Compliance:

Jennifer Lin
Forest Preserve District
69 W. Washington, Ste. 2010
Chicago IL 60602
(312) 603-2335
jennifer.lin@cookcountyiil.gov

Independent Inspector General:

Patrick Blanchard
69 W. Washington, Ste. 1160
Chicago IL 60602
(877) 448-4756 (Hotline)
http://www.cookcountyiil.gov/portal/server.pt/community/inspector_general/302/inspector_general

District Compliance Administrator:

Jan Carlson
69 W. Washington, Ste. 840
Chicago IL 60602
(312) 603-8908
info@cookfpshakman.com

If reported to the Director of Compliance, the Director will investigate certain allegations contained in this Complaint and prepare an Incident Report which will make findings of compliance or non-compliance on the part of the FPD and will recommend any corrective actions which need to be implemented. The Director must also report other types of allegations directly to the Office of the Independent General Inspector. The Incident Report will be submitted to the Office of the Independent Inspector General and the General Superintendent. The respective offices will take actions as deemed necessary.



All personal identifying information contained in this Complaint will be kept confidential.

Contact Information (leave blank if anonymous)

Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

Wrongful Act Information

Name of Wrongful Actor: _____

FPD Department: _____

Date and Time of Incident: _____

Location of Incident: _____

Wrongful Act Description

Which of the following best describes the act upon which your Complaint is based?

- Reporting to work under the influence of any substance that would adversely affect safety or job performance
- Unlawful political discrimination
- Selling or possessing controlled substances on FPD property
- Retaliation for refusing to contribute to political party or campaign
- Selection for overtime, transfer, temporary assignment based on political connection or as punishment or intimidation
- Derogatory comments based on gender, race, religion, sexual orientation, etc.
- Sexual harassment or hostile work environment
- Fighting or disruptive behavior



- Unauthorized possession of weapons
- Willful destruction of property
- Gross insubordination
- Employee theft or unauthorized possession of FPD property
- Misuse of timekeeping records/falsification
- Unreported/falsified criminal history of employee
- Violation of FPD Code or FPD Employment Plan
- Lack of proper license(s) or certification(s)
- Failure to report arrest to Department Head
- Falsification of employment or other FPD report/document
- Failure to follow FPD policies, procedures, practices
- Engagement in non-FPD business without proper authorization
- Excessive tardiness or absenteeism
- Leaving assigned work area without proper authorization
- Gambling on FPD premises or property
- Intimidating or coercing employees or visitors through threats
- Use of FPD property without proper authorization
- Official misconduct
- Other

Please describe the wrongful act in your words (attach additional sheets if necessary):

Have you filed this complaint with any other agency? Yes No

If yes, please indicate with whom and when the complaint was filed:



Please describe any documents or evidence which might exist documenting this wrongful act (attach additional sheets if necessary):

Additional information regarding the wrongful act:

Please provide the names and contact information of other individuals who might have knowledge of or witnessed the wrongful act (attach additional sheets if necessary):

Name: _____

Address: _____

Phone: _____ **Alt. Phone:** _____

Email: _____

Name: _____



Address: _____

Phone: _____ **Alt. Phone:** _____

Email: _____

Name: _____

Address: _____

Phone: _____ **Alt. Phone:** _____

Email: _____

I acknowledge that the information contained in this Complaint is true and accurate to the best of my knowledge and belief.

Signature

Date