



McHENRY COUNTY ETHICS COMMISSION

Complaint Form

Please type or print legibly, attaching additional pages as necessary.

If you have questions about the McHenry County Ethics Ordinance, whether an individual falls under the jurisdiction of the ordinance, or if an alleged action may be in violation of the Ethics Ordinance, please contact the McHenry County Director of Human Resources, who serves as the County’s Ethics Advisor. (815) 334-4228

Your Name: _____

Address: _____

Day Phone: _____ **Evening or Mobile Phone:** _____

Telephone Preference: Day/Evening/Mobile (circle)

Email Address: _____

Date Complaint Form Completed: _____

Date(s) of Alleged Violation(s): _____

Under McHenry County Ethics Ordinance Section 2.64.070.B1(b), the Complaint must be filed within one (1) year of the alleged violation.

Person or Entity which is the Subject of Your Complaint. Please provide the name, title, department and business or home address of the person you allege to have committed a violation of the McHenry County Ethics Ordinance.

Type of Allegation(s). Please check the box(es) which identify the misconduct you allege.

Prohibited Political Activity (McHenry County Ethics Ordinance Section 2.64.030)

Gift Ban (McHenry County Ethics Ordinance Section 2.64.040)

Prohibition on Sexual Harassment (McHenry County Ethics Ordinance Section 2.64.050)

Unsure. Failing to identify the correct Ordinance section will not prevent the consideration of your Complaint.

Description of Facts. Please state in the space provided the facts which you believe support your opinion that there has been a violation of the McHenry County Ethics Ordinance. Attach additional pages as necessary. Please provide specific dates and as much detailed information as you can. (such as names, locations, other organizations involved, situations, or circumstances in which this occurred)

Witness Information (if applicable). Please provide the names, addresses and telephone numbers of persons who you believe have information that would confirm the matters you have described and help the McHenry County Ethics Commission evaluate this Complaint. Please indicate what portions of the facts each person can corroborate.

Supporting Documentation (if applicable). Please attach copies of any documents which you possess which relate to the matter(s) about which you complain. If you are aware of other documents which are not in your possession and which relate to this Complaint, please indicate in the space below, from whom those documents could be obtained. Please provide names and addresses if known.

Other Information or Related Complaints. Please state any additional information which you think would assist the Commission in understanding and evaluating this Complaint. If you have made other related Complaints, please attach a copy or identify the official, agency or judicial entity with which the Complaint was filed.

VERIFICATION

I swear under oath and affirm under penalty of perjury under the laws of the State of Illinois that matters set forth in this Complaint are true, correct and complete.

Date: _____

Signature

Complaints can be filed *in person* at the County Administration Office
Attn: Deputy County Administrator
McHenry County Administration Building
667 Ware Road, Suite 209
Woodstock, IL 60098

If you are *mailing* this complaint, please mail to:
Deputy County Administrator
2200 N. Seminary Ave.
Woodstock, IL 60098

Note: Mailed complaints must be postmarked within one year of the alleged violation to be considered timely.

Electronic complaints will not be accepted.

The Ethics complaint process along with the adjudicating process can be found in Article XII of the McHenry County Ethics Commission Operating Policies and Procedures available on the McHenry County website at:

www.mchenrycountyil.gov/County-Government/Departments-a-i/Administration/Ethics-Commission