



OFFICE OF THE INSPECTOR GENERAL
Clerk of the Circuit Court of Cook County, Illinois

COMPLAINT FORM

Please type or clearly print the information below. Required fields are indicated in bold. Submit the completed form to:

- Office of the Inspector General
Clerk of the Circuit Court of Cook County, Illinois
69 W. Washington, 14th Floor, Chicago, IL 60602; or
- **by Confidential OIG Fax:** 312-603-9676; or
- **by Confidential OIG Email** at oig@cookcountycourt.com.

Contact Information:

Name:_____ **Date:**_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Home Phone:_____ **Business Phone:**_____

Other Phone:_____ **Email:**_____

Preferred Method of Contact: ☐ **Phone** ☐ **USPS** ☐ **Email**

Are you an employee of the Office of the Clerk of the Circuit Court? ☐ Yes ☐ No

Is your complaint related to your employment? ☐ Yes ☐ No

Is your complaint against the Office of the Clerk of the Circuit Court or its Employee(s)?

☐ Yes ☐ No*

*If you answered "no" to the above question, please be aware that our office lacks the authority to review your complaint and the complaint will be returned.

If you answered "yes" to the above, please provide as much detailed information about the individual(s) as possible.

Type of Complaint (check all that apply):

☐ Workplace Violence ☐ Sexual Harassment ☐ Harassment ☐ Customer Service

☐ Discrimination ☐ Waste ☐ Fraud ☐ Other (Provide details)

Other Details: _____

Name of the employee your complaint is about:_____

Phone:_____ **Approximate Age:**_____

Other Physical Characteristics:_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Mariyana T. Spyropoulos, Clerk of the Circuit Court of Cook County, Illinois
cookcountyclerkofcourt.org

OIG Complaint Form
(05/22/26) 335-007

Location of Incident (Department, District or Address):_____

Have you notified any other federal, state or local agency of your complaint or filed a lawsuit or grievance related to these matters? ☐ Yes ☐ No

If yes, with what agency did you file a complaint?_____

What is the complaint number?_____

Has your complaint been resolved? ☐ Yes ☐ No If yes, briefly summarize the results:

Summary:_____

Have you previously filed a complaint with the OIG? ☐ Yes ☐ No

If yes, when?_____

Is this complaint related to your previously filed OIG complaint? ☐ Yes ☐ No

May we refer your complaint to the appropriate agency if necessary? ☐ Yes ☐ No

Summary of your complaint including date and time of alleged incident(s) (please attach any available documentation in support of your complaint):

Summary of Complaint:_____

Other person(s) who could be a witness to the complaint you have alleged. Provide any identifying information (e.g. title, phone number) for all persons named:

Name:_____

Identifying Information:_____

Name:_____

Identifying Information:_____