



## ETHICS COMPLAINT FORM

Contact Information* (optional)	
Name _____	Date _____
Address _____	
City/State/Zip Code _____	Telephone Number _____
Email Address _____	Alternate Telephone Number _____

***\*IMSA does accept anonymous ethics complaints; however, our inability to discuss this matter with you directly may prevent us from investigating this complaint.***

If your complaint is referred to a different agency or office, do you want your name and contact information removed?\*  Yes  No

***\* IMSA's Ethics Officer cannot guarantee that other entities can act on anonymous complaints.***

Are you a State of Illinois Employee?  Yes  No

If yes, what agency are you employed with? \_\_\_\_\_

Details of Complaint
Date(s) the alleged violations occurred: _____
Is your complaint against an IMSA employee or vendor? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No*</span>
<b><i>*If NO, IMSA's ethics officer lacks the authority to review or investigate your complaint and the complaint will be returned.</i></b>
Have you notified any other Federal, State, or local agencies of your complaint or filed a lawsuit or grievance related to these matters? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ILLINOIS MATHEMATICS AND SCIENCE ACADEMY**  
**1500 SULLIVAN ROAD • AURORA, IL 60506**  
**ATTN: KIMBERLY CORRAO, ETHICS OFFICER**  
**TELEPHONE: (630) 907-5000 • EMAIL: [ETHICS@IMSA.EDU](mailto:ETHICS@IMSA.EDU)**

<b>Witness Information (if applicable)</b>	
<i>Please provide the name, contact information, and any identifying information such as job title and/or department name for all witnesses. Attach additional sheets if necessary.</i>	
Witness #1 :	_____
Witness #2 :	_____
Witness #3 :	_____

<b>Subject(s) of Complaint</b>	
<i>Please provide below the name, contact information (if available), and any identifying information such as job title and/or department name. Attach additional sheets as necessary.</i>	
Subject #1:	_____
Subject #2:	_____
Subject #3:	_____

<b>Description of Complaint</b>	
<i>Please describe your complaint in detail. Additional sheets may be attached as necessary. Documentation in support of your complaint may also be attached.</i>	

<p>I, the undersigned, do hereby authorize IMSA's Ethics Office or other designated IMSA officials to conduct inquiries or investigation procedures as needed with respect to the investigation/resolution of this complaint. I understand the information regarding my complaint may be shared with applicable IMSA officials in order to acquire sufficient information with respect to the investigation as well as any follow-up activities that may be required in relation to IMSA's response to my complaint. I also authorize IMSA to use whatever information may be obtained with respect to this complaint in any legal or formal grievance proceedings that may involve the issues contained herein. I affirm that I have read the above complaint and that it is true to the best of my knowledge, information, and belief.</p>			
Signature	Date	IMSA Ethics Officer	Date

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