

TONI PRECKWINKLE, PRESIDENT
COOK COUNTY BOARD OF
COMMISSIONERS

SISAVANH BAKER
DIRECTOR



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COOK COUNTY
BOARD OF ETHICS

EB NO. _____
DATE REC'D _____

REQUEST FOR INVESTIGATION

NAME OF REQUESTOR (PLEASE TYPE OR PRINT)	
STREET ADDRESS, CITY, ZIP	TELEPHONE
NAME OF RESPONDENT (INCLUDE COUNTY DEPARTMENT)	
STREET ADDRESS, CITY, ZIP	TELEPHONE
TYPE OF VIOLATION (CHECK AS MANY AS APPLICABLE)	
<input type="checkbox"/> FIDUCIARY DUTY	<input type="checkbox"/> POST EMPLOYMENT RESTRICTIONS
<input type="checkbox"/> IMPROPER INFLUENCE	<input type="checkbox"/> INTEREST IN COUNTY BUSINESS
<input type="checkbox"/> DUAL EMPLOYMENT	<input type="checkbox"/> EMPLOYMENT OF RELATIVES
<input type="checkbox"/> GIFTS AND FAVORS	<input type="checkbox"/> POLITICAL ACTIVITY
<input type="checkbox"/> COUNTY PROPERTY	<input type="checkbox"/> CAMPAIGN FINANCE
<input type="checkbox"/> CONFIDENTIAL INFORMATION	<input type="checkbox"/> WHISTLEBLOWER PROTECTION
<input type="checkbox"/> CONFLICTS OF INTEREST	<input type="checkbox"/> NEWSLETTERS, PSAS AND PROMOTIONAL MATERIALS
<input type="checkbox"/> REPRESENTATION OF OTHERS	<input type="checkbox"/> OTHER _____
DATE OF VIOLATION (LAST DATE IF CONTINUING)	
THE PARTICULARS ARE: (ATTACH ADDITIONAL SHEETS AS NEEDED)	

EB NO. _____
DATE REC'D _____

THE PARTICULARS ARE: (CONT'D)

I DECLARE THAT THE FOLLOWING IS TRUE AND CORRECT.

NAME: _____

SIGNATURE: _____

DATE: _____