

ETHICS COMPLAINT FORM

Please type or print clearly below. Return completed form to:

- ethics1@siu.edu; or
- Michelle Taylor
Office of Internal Audit, Compliance and Ethics
900 S. Normal Ave., MC 6810
Woody Hall, Rm. 491
Carbondale, IL 62901

(Your) Contact Information

Name*:

Date:

*The SIU Ethics Office accepts anonymous complaints. Please ensure your complaint is as detailed as possible.

Address:

Email Address:

What is your preferred method of contact?

Have you notified any other federal, State, or local agency of your complaint, another University department or filed a lawsuit or grievance related to these matters?

Yes

No

If yes, which agency or University department?

If your complaint is referred to a different office or agency do you consent to the release of your identity? Yes No

Subject Information (person(s) against whom you are complaining?)

Subject's Name:

Subject's Address:

**Department
Employed:**

Job Title:

Additional Subject

Subject's Name:

Subject's Address:

**Department
Employed:**

Job Title:

(Attach additional pages if necessary)

Details of Complaint

Date(s) of Alleged Misconduct:

Please summarize your complaint and attach any additional sheets or documentation supporting your allegation of misconduct: