

## ETHICS COMPLAINT FORM

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

- [ethics1@siu.edu](mailto: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:**