



Kwame Raoul
Illinois Attorney General

Military & Veterans Rights Bureau
Military & Veterans Helpline
1-800-382-3000 / Individuals with hearing or speech disabilities can reach us by using the 7-1-1 relay service.

Office Use Only

Date Received: _____

CLMS No.: _____

★ REQUEST FOR ASSISTANCE ★

Enter information in the spaces provided and press SUBMIT at the end of the form. If you download the form, please type or print neatly before returning it by mail.

Contact Information for Person Requesting Assistance

Name: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

Email Address: _____

County: _____ Is this Request Time Sensitive? Yes No

Entity against which a complaint is being made (if applicable)

Entity Name: _____

Address: _____

Position/Title: _____ Department/Division: _____

Telephone Number: _____ Email Address: _____

County: _____

What Is Your Desired Outcome?

Please provide monetary amount in correlation to complaint or concern:

Describe Your Request for Assistance:

A large rectangular box with a black border, containing 25 horizontal lines for writing.

Have you filed a complaint with the office previously? Yes No

Is this complaint now pending with another agency? Yes No

If yes, please give the name(s) and address(es) of the other agency or agencies:

What are the best times that we can reach you by telephone during the week, between 9am and 5pm? Preferred number to call: Work Home

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____

I currently serve in the: Air Force On: Active Duty
 Army National Guard Duty
 Coast Guard Federal Reserve Duty
 Marine Corps State Active Duty (NG)
 Navy Auxiliary Duty
 NOAA Commissioned Officers Corps Other: _____
 PHS Commissioned Corps

<p>I have served in the: <input type="checkbox"/> Air Force <input type="checkbox"/> On: <input type="checkbox"/> Active Duty <input type="checkbox"/> Army <input type="checkbox"/> National Guard Duty <input type="checkbox"/> Coast Guard <input type="checkbox"/> Federal Reserve Duty <input type="checkbox"/> Marine Corps <input type="checkbox"/> State Active Duty (NG) <input type="checkbox"/> Navy <input type="checkbox"/> Auxiliary Duty <input type="checkbox"/> NOAA Commissioned Officers Corps <input type="checkbox"/> Other: _____ <input type="checkbox"/> PHS Commissioned Corps</p>

Type of Discharge: Honorable Bad Conduct
 General Dishonorable
 Other than Honorable Conditions Entry Level Separation
 Dismissal Other: _____

Dates of Service: _____ MOS(s): _____

Total Months Deployed in Combat Zone (if applicable): _____

I am a dependent of a service member or veteran. Yes No

Check if: Gold Star Family Member Silver Star Family Member

READ THE FOLLOWING BEFORE SIGNING:

- In filing this complaint, I understand that the Attorney General is not my private attorney but represents the public to enforce laws designed to increase accessibility and protect the common public interest.
- I understand that, if I have any questions concerning my legal rights or responsibilities, I may contact a private attorney.
- I acknowledge that the Attorney General’s Office will use its discretion to determine whether an investigation is warranted, and I have no objection to the contents of this complaint being shared with the person or entity that I am complaining about.
- I acknowledge that the decision to investigate this matter should not be considered a determination of the merits of my allegations or the result of a comprehensive finding of fact or law.
- I also understand that, under most circumstances, my complaint, and any documents submitted with my complaint, may be considered a public record and may be available to a member of the public upon request, subject to the exemptions provided under the Freedom of Information Act, 5 ILCS 140/7 and 5 ILCS 140/7.5.

I certify that I have read the above and that the information that I have provided in this complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Upon pressing SUBMIT, a digital copy of your completed form will be sent to the Military and Veterans Rights Bureau at MVRB@ilag.gov.

If you choose to print, return this completed form to the addressee/location below:

Office of the Illinois Attorney General
Military & Veterans Rights Bureau
201 West Pointe Drive, Suite 7
Belleville, IL 62226-8309

Find more resources for service members on the Military and Veterans Rights main page

www.Illinoisattorneygeneral.gov/rights-of-the-people/military-and-veterans-rights/



www.IllinoisAttorneyGeneral.gov