OFFICE OF THE STATE'S ATTORNEY
McHENRY COUNTY
PATRICK D. KENNEALLY

RETALIATION AGAINST A WHISTLEBLOWER COMPLAINT FORM

NAME:

ADDRESS:

DAYTIME PHONE:

EMAIL ADDRESS:

Persons or government entity you believe have retaliated against you:

Address of person or entity:

Give specific details of why you believe you have been retaliated against:

Date(s) of retaliation:

Names and contact information of any witness:

Date: _____ Signature _____

Submit this form to Civil Chief, Norman Vinton at NDVinton@mchenrycountyil.gov.