

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.: ____

\star REQUEST FOR ASSISTANCE **\star**

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:				
	State: Zip Code:			
Home Telephone Number:	_ Work Telephone Number:			
Email Address:				
County:	Is this Request Time Sensitive? \Box Yes \Box No			
Entity Against Which a Complaint is being Made (if applicable)				
Entity Name:				
Address:				
	Department/Division:			
Telephone Number: En	mail Address:			
County:	_			
What Is Your Desired Outcome?				

Please provide monetary amount in correlation to complaint or concern:

Describe Your Request for Assistance:

If additional space is needed, attach additional sheets.

Have you filed a comp	laint with the office previously?	Zes □ 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:					
	es that we can reach you by telephone a? Preferred number to call: Work	e			
Wednesday:					
I currently serve in th		 Active Duty National Guard Duty Federal Reserve Duty State Active Duty (NG) Auxiliary Duty Other:			
I have served in the:	 Air Force Army Coast Guard Marine Corps Navy NOAA Commissioned Officers Corps PHS Commissioned Corps 	 Active Duty National Guard Duty Federal Reserve Duty State Active Duty (NG) Auxiliary Duty Other: 			
Type of Discharge:	 Honorable General Other than Honorable Conditions Dismissal 	 Bad Conduct Dishonorable Entry Level Separation Other:			
Dates of Service:	MOS(s):				
	in Combat Zone (if applicable):				
I am a dependent of a service member or veteran. □ Yes □ No					
Check if: Gold Star Fa	mily Member 🛛 🔹 Silver Star Famil	y Member 🛛			

READ THE FOLLOWING BEFORE SIGNING:

(Initial) I understand that the Illinois Attorney General is not my private attorney. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this request being forwarded to the entity against which a claim is being made <u>unless the box below is checked</u>.

(Initial) By filing this request, I hereby give the entity complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters concerned with this request.

Signature:	Ι	Date:	

□ Please do not send this request to the entity complained about.

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

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