

## 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			
<b>Is this complaint now pending with another agency?</b> □ 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	<b>e</b>			
Wednesday:					
I currently serve in th		<ul> <li>Active Duty</li> <li>National Guard Duty</li> <li>Federal Reserve Duty</li> <li>State Active Duty (NG)</li> <li>Auxiliary Duty</li> <li>Other:</li></ul>			
I have served in the:	<ul> <li>Air Force</li> <li>Army</li> <li>Coast Guard</li> <li>Marine Corps</li> <li>Navy</li> <li>NOAA Commissioned Officers Corps</li> <li>PHS Commissioned Corps</li> </ul>	<ul> <li>Active Duty</li> <li>National Guard Duty</li> <li>Federal Reserve Duty</li> <li>State Active Duty (NG)</li> <li>Auxiliary Duty</li> <li>Other:</li> </ul>			
Type of Discharge:	<ul> <li>Honorable</li> <li>General</li> <li>Other than Honorable Conditions</li> <li>Dismissal</li> </ul>	<ul> <li>Bad Conduct</li> <li>Dishonorable</li> <li>Entry Level Separation</li> <li>Other:</li></ul>			
Dates of Service:	MOS(s):				
	in Combat Zone (if applicable):				
<b>I am a dependent of a service member or veteran.</b> □ 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