

**United States Attorney's Office  
Northern District of Illinois  
Individual Self-Disclosure Pilot Program for Organizational Misconduct  
Intake Form**

Name of individual: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Name of counsel (if applicable): \_\_\_\_\_

Name and address of entity: \_\_\_\_\_

Position within entity: \_\_\_\_\_

Time affiliated with entity: \_\_\_\_\_

Nature of Misconduct: \_\_\_\_\_

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Have you previously reported this misconduct to the Department of Justice: \_\_\_\_\_

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