

	<b>ANSWER TO FORMAL COMPLAINT</b>	<i>For Board Use Only</i>
<b>Instructions ▼</b>	<hr/> <p><b>ILLINOIS LAW ENFORCEMENT TRAINING STANDARDS BOARD</b></p> <p>v. _____ A</p> <hr/> <p><b>Respondent</b> (<i>First, middle, last name</i>)</p>	<hr/> <p><b>Case Number (From Complaint)</b></p>
Box A: Enter your name as the Respondent. Box B: Enter the Case Number listed on the Formal Complaint that you received.		<b>B</b>

**In 1**, enter your full name.

**In 2**, enter the number and letter of each paragraph and subparagraph in the Formal Complaint

- Check “Admit” if you agree all of the statements in the paragraph are true; or
- Check “Deny” if you disagree with any of the statements in the paragraph; or
- Check “Do Not Know” if you do not know if all of the statements in the paragraph are true or false. This means you do not have enough information to truthfully admit or deny the statements.

**1.** I, \_\_\_\_\_, am the Respondent.  
*First, Middle, Last*

**2.** My Answer to the Formal Complaint is:

**Count 1:**

Paragraph Number	Subparagraph Letter ( <i>if applicable</i> )	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know

**Count 2:**

Paragraph Number	Subparagraph Letter ( <i>if applicable</i> )	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know

**Count 3:**

Paragraph Number	Subparagraph Letter <i>(if applicable)</i>	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know
_____	_____	<input type="checkbox"/> Admit	<input type="checkbox"/> Deny	<input type="checkbox"/> Do Not Know

I have attached additional pages as part of this Answer.

If you run out of space, list additional paragraphs on an *Additional Paragraphs for Answer to Formal Complaint* form, check the box, and file it with this form.

**Where I answered “Do Not Know” in section 2, above, I certify that I do not have enough information to admit or deny the statements in these paragraphs. I understand that making a false statement on this form is perjury and has penalties provided by law.**

Under Illinois Supreme Court Rule [137](#), your signature means that you have read the document, that to the best of your belief, it is true and correct and that you are not filing it for an improper purpose, such as to cause delay.

\_\_\_\_\_  
/s/ *Your Signature* \_\_\_\_\_  
*Print Your Name*

\_\_\_\_\_  
*Street Address* \_\_\_\_\_  
*City, State, ZIP*

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

\_\_\_\_\_  
*Telephone* \_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Attorney # (if any)*

Enter your complete address, telephone number, and email address.

**GETTING LEGAL DOCUMENTS BY EMAIL:** You should use an email account that you do not share with anyone else and that you check every day. If you do not check your email every day, you may miss important information, notice of court dates, or documents from other parties.

## DELIVERY/PROOF OF DELIVERY

Please log onto <https://hearings.ptb.illinois.gov/>, sign in or create an account, and enter the reference number provided in the cover letter with the Formal Complaint against you. If you have completed this by hand, you will need to scan it in so that you may file it at <https://hearings.ptb.illinois.gov/>.

Filing this Answer at <https://hearings.ptb.illinois.gov/> satisfies all service requirements of [20 Ill. Adm. Code 1790.300\(b\)](#), including service on the ALJ, Certification Review Panel, the Executive Director, and the Board's Certification Attorneys.