

US DEPARTMENT OF DEPARTMENT OF JUSTICE  
CIVIL RIGHTS DIVISION  
**EEOC**

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In the Matter of: )  
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)  
) No:  
)  
**JOHN F. SCHOMBERG** )  
)  
Respondent ) )  
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**NOTICE OF FILING CIVIL RIGHTS (EEOC) COMPLAINT AGAINST GENERAL  
COUNSEL JOHN F. SCHOMBERG AND THE ILLINOIS DEPARTMENT OF HUMAN  
SERVICES (IDHS)**

**RESPONDENT:**

**John Frederick Schomberg Esq, General Counsel  
Illinois Department of Human Services  
Department of Human Services  
69 W. Washington St  
Suite 901  
Chicago, Illinois 60602  
312-814-2747  
Email [John.Schomberg@Illinois.gov](mailto:John.Schomberg@Illinois.gov)**

**PLEASE TAKE NOTICE** that on the 13<sup>TH</sup> **day of February , 2022**, I filed with the Clerk of the Department of Justice the attached Complaint for Civil Rights Violations via email

/S/Christopher Stoller Executive Director  
Americans for the Enforcement of Attorney Ethics (AEAE)  
P.O. Box 60645  
Chicago, Illinois 60660  
773-746--3163  
email [cns40@hotmail.com](mailto:cns40@hotmail.com)  
[www.rentamark.net](http://www.rentamark.net)

US DEPARTMENT OF JUSTICE  
CIVIL RIGHTS DIVISION  
EEOC

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In the Matter of: )  
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) Supreme Court No:  
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John F. Schomberg Esq )  
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Respondent )  
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**TO: RESPONDENT**

**CIVIL RIGHTS (EEOC) COMPLAINT AGAINST GENERAL COUNSEL JOHN F. SCHOMBERG<sup>1</sup> AND THE ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS)**

Christopher Stoller, 73, a disabled person a protected person and Michael Stoller 30, a disabled person a protected personas defined by the Americans for Disability Act. Complainants, file a Civil Rights (EEOC) Complaint against **JOHN F. SCHOMBERG, the Chief lawyer for an Illinois Governmental Agency, The Illinois Department of Human Services, a Federally**

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<sup>1</sup> **JOHN F. SCHOMBERG, the Chief lawyer for an Illinois Governmental Agency, the Illinois Department of Human Services, Department of Human Services. Mr. John F. Schomberg is un ethically, in direct violation of the Illinois Rules of Professional Conduct, attempting to deprive a disabled Person, Michael Stoller 30, an adult child, protected person from receiving the 15 hours of care that his doctor says Michael need, for his health safty and Welfare.,**

**funded** agency, with the Clerk of the Department of Justice for age discrimination, violation(s) of Civil Rights of Christopher Stoller, 73 a Personal Care Assistant for Michael Stoller 30, a disabled person, a protected person, as defined by the Americans for Disability Act, and “adult child”. On the grounds that the Illinois Department of Human Services (IDHS) has discriminated against Christopher Stoller, 73 on account of his age and IDHS has discriminated against Michael Stoller, 30 a disabled person (an adult child) on account of their disabilities.,

This Act of 1975, 42 U.S.C. § 6102 (Age Act), prohibits age discrimination in any program or activity receiving federal financial assistance. OCR enforces this Act related to services discrimination based on age.

Title II of the Act of 1990, 42 U.S.C. § 12132 (Title II), prohibits discrimination against qualified individuals with disabilities in employment and the delivery of services or benefits in public entities. Title II applies to all state and local governments.

Civil rights laws prohibit agencies that receive Justice Department funding from retaliation against the Complainants. In this complaint the Complainants make A retaliation claim that stands independent from the underlying discrimination claim(s).

COMES NOW Plaintiffs, MICHAEL STOLLER,30, a disabled person, CHRISTOPHER STOLLER, 73 and LEO STOLLER, 75, disabled persons, and for their Civil Rights Complaint against **JOHN F. SCHOMBERG**, Illinois Department of Human Services (IDHS), Supervisor

Daniel Chung, Counsler Danica Jackson, attorney who is charged with aiding and abetting in the course and scope of his employment with the IDHS, Scott Gertz,. Complainant, now alleges that the General Counsel John F. Schomberg in the course and scope of his employment with the State of Illinois and the Illinois Department of Human Services violated the Civil Rights of the IDHS Client Michael Stoller 30, an adult child, on the grounds of his disabilities and Christoher Stoller 73 and Leo Stoller 75 on the grounds of their age.

	State of Illinois Department of Human Services - Division of Rehabilitation Services <b>HOME SERVICES PROGRAM SERVICE PLAN</b>
<hr/>	
Customer Name: <u>MICHAEL STOLLER</u>	
Case Number: <u>07215281</u>	

**JOHN F. SCHOMBERG**, Ordered the Employees of the IDHS to unlawfully breech an binding arbitration agreement (**Exhibit 1(a)**) granting Christopher Stoller 73, : **304.75 monthly hours of paid care (87.18) hours a week**, to 240 monthly hours of care or 60 hours a week (**Exhibit 2(a) & 2(b)**) on account of Christopher Stoller’s age 73 and also in retaliation (**Exhibit 5**). for filing a whistle blower complaint against IDHS (**Exhibit 5**),

The IDHS is charged with discrimination of Michael Stoller on account of his disabilities. Michael Stoller’s medical diagnose, see a true and correct copy of the Illinoi Department Human Services diagnose of Michael Stoller below:





State of Illinois  
Department of Human Services - Division of Rehabilitation Services  
**Determination of Need**

Customer Name: MICHAEL STOLLER

Completion Date: 10/31/2019

Case Number: 07215281

Initial Determination  Redetermination

Additional Comments

Nature and Extent of Impairment

Michael Stoller has been medically diagnosed with the following conditions (letter dated 10/23/18) as stated below:  
Schizoaffective Disorder (Depressive Type), Autism Spectrum Disorder w/ accompanying intellectual impairment and Diabetes Mellitus.

FUNCTIONAL LIMITATIONS include the following characteristics as listed below: Hallucinations and displays negative affect. Cognitive disability; impaired insight & judgment. Lacks awareness of environment/environmental disorientation & confusion. Difficulty in interpreting information. Mood Swings & impaired ability to stay or initiate task. Compulsive behaviors & lacks motivation. Impaired receptive/expressive language. Has hallucinations, reduced concentration, low motivation and energy to perform tasks. Requires verbal assistance/supervision, cues, reminders & prompts to accomplish/complete activity/task. Customer will urinate and/or defecate on himself if experiencing social anxiety, all while in a Catatonic state.

Medications

Latuda 40MG, Clonazepam 0.5MG, Clonidine HCL 0.1MG, Lisinopril 10MG, Hydrochlorothiazide 25MG, Benzropine Mesylate 1MG,

1. Danica Jackson from IDHS was the Rehabilitation Counselor appointed to Michael Stoller's case and Daniel Chung, Rehabilitation Supervisor was in charge of assigning Danica Jackson to Michael Stoller's case both Daniel Chung and Danica Jackson discriminated against Michael Stoller on account of his disabilities and reduced the hours of personal care for Michael Stoller from 87 hours a week to 60 hours of week

\*Exhibit 2 see letters from IDHS..

2. It was under the direction of John Schomberg who instructed the IDHS employees Danica Jackson, that Michael's care service hours be reduced on account of Michael Stoller's disabilities and on account of Christopher Stoller's his care taker's age 73, also in direct retaliation for Christopher Stoller 73, having filed a whistle blower complaint against IDHS, Daniel Chung and Danica Jackson for engaging in a shake down scheme to extort gifts from Michael Stoller and Christopher Stoller. **(Exhibit 5)**. In direct breach of the binding arbitration agreement.(Exhibit 1(a)) in retaliation for Christopher Stoller filing a Whiseblower complaint. **(Exhibit 5)**.

As well known to John F. Schomberg , the Illinois Department of Human Services (IDHS) under his direction entered into a binding arbitration agreement with the Complainant, Christopher Stoller 73, a Personal Assistant for Michael Stoller, 30 which stated that See a true and correct copy of the binding arbitration decision re produced below **(Exhibit 1(a))**: which clearly states that the Complainant Christopher Stoller “your hours **304.75 (per month) (78.18 hours per week) “you will not be retaliated against (Exhibit 1 (a) a true and correct copy is reproduced below:**



# **SEIU**Healthcare<sup>®</sup>

## United for Quality Care

**Greg Kelley**  
President

**Faith Arnold**  
Executive Vice-President

**Maggie Laslo**  
Secretary-Treasurer

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**Board Chair:**

Bernita Drayton

**Vice-Chairs:**

Marla del Carmen Macias

11-27-2020

Chris Stoller  
PO Box 60645  
Chicago, IL 60660  
cns40@hotmail.com

Re: Grievance resolution on your behalf against DHS for dignity and respect

Case:2020-DORS-09916

Dear Mr. Stoller,

This letter is to confirm that the grievance filed on your behalf against DHS in the above referenced matter has been resolved. DHS responded to the Union indicating that you are was assign another case manager, your hours are 304.75 you will not be retaliated against.

Should you have any additional questions or concerns, please contact the Member Resources Center at 866-933-7348, option #6

For the Union,  
Duane Rylko

As well known to the Respondent John Schomberg The binding arbitration agreement clearly states that Christopher Stoller 73, Personal Service hours of care “are 304.75 ”per month” (78.18 per week), you will not be retaliated against (**Exhibit 1(a)** ) but for his age of 73, John Schomberg is attempting to have Christopher Stoller discharged from his employment with the IDHS based upon his age of 73.

As well known to Respondant John F. Schomberg, the IDHS Supervisor of the Hiawatha Ave Office , Daniel Chung the Supervisor in an email dated 09-24-20 to the complainant

confirmed that Christopher Stoller's "monthly service hours...were 304.75. (87.18 hours a week) See a true and correct copy of Mr. Daniel Chung's September 24, 2020 email (**Exhibit 1(b)**) reproduced below:



**EVIDENCE OF JOHN F. SCHOMBERG'S VIOLATION OF THE CIVIL RIGHTS OF  
MICHAEL STOLLER AND CHRISTOPHER STOLLER)**

John F Schomberg incorporates or affirmed a statement of another person that John F. Schomberg knew was false. . John F. Schomberg knew it was false that Christopher Stoller's 73, personal care hours for Michael Stoller, 30, was reduced from 87 hours a week to 69 but for the age of Christopher Stoller 73..

Respondent John F. Schomberg knew that the Complainant Christopher Stoller's monthly service hours were 304.75 per month (87.18 per week). Notwithstanding that fact, Respondent John F. Schomberg instructed, ratified, affirmed and approved the following offending sanctions letters (Exhibit 2(a) & 2(b) to be sent to the Complainant, Christopher Stoller, which are clear violations of the civil rights, discrimination of an aged person Christopher Stoller and

Michael Stoller, where Respondent John F. Schomberg “Affirms a statement of another person, that the Respondent John F.Schomberg knew was false in order to seek the termination of Christopher Stoller as Personal Assistant for Michael Stoller on account of his age 73 also in direct retaliation of the Whisler Blower Complaint that Christopher Stoller filed (**Exhibit 5**):

John F. Schomberg knew that Christopher Stoller 73, the Complainant’s monthly hours, of approved of personal care hours for Michael Stoller the Client (Case No 07215281), was 304.75 per month (87.18 hours). Notwithstanding John F. Schomberg violated the civil rights of Christopher Stoller and Michael Stoller by discriminating against them on account of their age and disability, and instructing, ratifying, affirming and approving the unethical letters(s) (**Exhibits 2(a) & 2(b)**) sent to the Complainant, in order to “set up” the complainant, Christopher Stoller, to be terminated from his employment as a personal care representative for his nephew, Michael Stoller 30 years old adult child, on account of his age 73, which would be a mental disaster for the client Michael Stoller, who has Catatonia Schizophrenia<sup>2</sup> which does not allow “unfamiliar people in his environment that can lead to worsening Michael Stoller’s symptoms.” (See **Exhibit 4**) in the event that the Complainant was unethically terminated from being a personal assistant for Michael Stoller, a disabled “adult Child” on account of his age and disabilities..

**The motive for** John F. Schomberg instructing the IDSU to send the offending sanction letters

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<sup>2</sup> **catatonic schizophrenia**, rare severe mental disorder characterized by striking motor behaviour, typically involving either significant reductions in voluntary movement or hyperactivity and agitation. In some cases, the patient may remain in a state of almost complete immobility, often assuming statuesque positions. Patients may remain motionless in a rigid posture for hours or even days.

Other symptoms of catatonic schizophrenia include mutism (inability to talk), extreme compliance, stupor, and absence of almost all voluntary actions. This state of inactivity is at times preceded or interrupted by episodes of excessive motor activity and excitement, generally of an impulsive, unpredictable kind.

<https://www.britannica.com/science/catatonic-schizophrenia>

\*Exhibit 2(a) & 2(b) was to discriminate against Christopher Stoller 73, on account of his age and disabilities, set him up for a ;third letter of sanction, which will result in immediate termination (**Exhibit 2**) to be terminated from his Personal Care Assisstant Position with IDHS on account of his age and disabilities and in direct retaliation of a whistle Blower Complaint (**Exhibit 5**) that Christopher Stoller filed against IDUSU which involved an “shake down scheme” where Danioa Jackson and Daniel Chung were engaged in a “shake down” scheme to extort expensive gifts from Christopher Stoller 73, and Michael Stollewr 30 (**Exhibit 5**)

John F. Schomberg Respondent is setting up Christopher Stoller 73, to be terminated by affirming the false sanctions letters to be sent to Christopher Stoller from IDUS reproduced below.:

“Dear Customer

Home Service Program (NSP) records indicate during the following period(s), you worked more than **60 hours in a work** week without your Customer having an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin Code 686.1570.”

See a true and correct copy of the letters reproduced below: (**Exhibit 2**)

J.B. Pritzker, Governor



Grace B Hou, Secretary

December 30, 2021

CHRIS STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Dear Individual Provider,

Home Service Program (HSP) records indicate during the following pay period(s), you worked more than 60 hours in a work week without your Customer having an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin Code 686.1570.

Dates	Hours Worked	# of Customer(s)
November 28 - December 4	105.18	1
December 5 - December 11	105.18	1

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 1

Please work with your Customer to ensure you comply with HSP requirements and do not work more than 60 hours in a work week without an approved exception.

Under 89 Ill. Admin Code 1570 and the currently effective collective bargaining agreement, additional occurrences of unauthorized use of overtime will result in progressive consequences including, but not limited to, additional suspensions and possible permanent unfunding as a provider in the Home Services Program.

For more information, please visit our website at: [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT)

Thank you,  
HSP Policy Unit  
[DHS.HSPOvertime@illinois.gov](mailto:DHS.HSPOvertime@illinois.gov)



J.B. Pritzker, Governor

Illinois Department of Human Services  
Division of Rehabilitation Services

Grace B Hou, Secretary

January 14, 2022

CHRIS STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Dear Individual Provider,

Home Service Program (HSP) records indicate during the following pay period(s), you worked more than 60 hours in a work week without your Customer having an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin Code 686.1570.

Dates	Hours Worked	# of Customer(s)
December 12 - December 18	93.93	1
December 19 - December 25	105.97	1
December 26 - January 1	79.65	1

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 2

Please work with your Customer to ensure you comply with HSP requirements and do not work more than 60 hours in a work week without an approved exception.

Under 89 Ill. Admin Code 1570 and the currently effective collective bargaining agreement, additional occurrences of unauthorized use of overtime will result in progressive consequences including, but not limited to, additional suspensions and possible permanent unfunding as a provider in the Home Services Program.

For more information, please visit our website at: [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT)

Thank you,  
HSP Policy Unit  
DHS.HSPOverTime@illinois.gov

The complainant received the above two unethical, offending letters (**Exhibit 2**) which are a direct violation of the civil rights of Christopher Stoller and Michael Stoller, authorized, ratified, and affirmed by the Respondent John F. Schonberg, in direct violation of the Civil Rights, unlawfully sanctioning the Complainant for working over 60 hours a week, when the Respondent John F. Schonberg knows that the Complainant Christopher Stoller is authorized and approved to work 304.75 per month (87.18 per week). (**Exhibit 1(a) & 1(b)**) based on Christopher Stoller's age of 73 and Michael Stoller 30 disabilities.



Leo Stoller<sup>3</sup> 75, sent an email prior to the filing of this Civil Rights Complaint, giving the Respondent John F. Schomberg, 10 days to take the necessary remedial action for Respondent John F. Schomberg to cure his civil rights violations, age discrimination, and to instruct the IDUS to withdraw the offending letters (**Exhibit 2(a) & 2(b)**), which were approved, authorized, affirmed and sanctioned by John F. Schomberg's age discrimination of Christopher Stoller and discrimination against Michael Stoller based upon his disabilities, in direct violation of the civil rights of Michael Stoller and Christopher Stoller, see a true and correct reproduction of the email sent to John F. Schomber(**Exhibit 3**) below:

**Re: : Michael Stoller DON letter**

Leo Stoller <ldms4@hotmail.com>

Wed 1/26/2022 10:53 AM

To:

Mr. John Schomberg

Case No. 07215281 Michael Stoller

Re: 12-30-21 Letters from HSP Policy Unit SEE EXHIBITS ATTACHED BELOW

You were advised on 3-17-21, see mail below that Leo Stoller, Michael Stoller and Christopher Stoller are represented by attorney Philip Kiss. Currently we have an appeal pending in the Illinois Supreme Court Stoller v. Department of Human Services 127286.

You have violated the Illinois Rules of Professional Conduct by instructing the HSP Policy Unit to contact us when you are aware that we are represented by counsel. Further everything as between IDHS is stayed during the pendency of the on going litigation.

In addition, the letters sent by HSP Policy Unit stating that we could not work in excess of 60 hours a week (240 per month) which represents retaliation against a binding arbitration resolution on 11-27-2020 which order stated that we could work 304.75 hours a month, which is in excess of 60 per month. In addition the client Michael Stoller had Covic 19 and now has long haulers "Covic" which his Dr. Meneses in his recommended care plan, Michael Stoller needs 15 hours a day of care.

...Mr. Schomberg you are put on notice unless you order HSP Policy Unit to immediately withdraw their retaliatory letters 12-30-21 copies of which are attached claiming that their warning represents Occurrence number 1, I will file an ARDC Complaint against you for instructing HSP Policy Unit to contact us when you aware that we are represent by an attorney and that the claim that we are only able to work 60's a week is false based upon the binding arbitration resolution contained in the SEIU letter dated 11-27-2020 which is also attached. You have until Thursday January 27, 2022 12:00 noon to advise us by email that the offending HSP Policy Unit letters have been withdrawn.

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<sup>3</sup> Leo Stoller, 75, the brother of Christopher Stoller, who is also a back up Personal Assistant to Michael Stoller.

Please act accordingly

Leo Stoller Executive Director  
Americans for the Enforcement of Attorney Ethics (AEAE)  
[www.rentamark.net](http://www.rentamark.net)

The Complainants has presented probable cause for the Justice Department to open a age discrimination and discrimination against Michael Stoller based upon his disabilities, Civil Rights investigation against Respondent John F. Schomberg and the IDHS for age discrimination against Christopher Stoller and discrimination against Michael Stoller based upon his disability, violating the civil rights of Michael Stoller and Christopher Stoller.

The Justice Department Civil Rights Division was to deal with violations of age discrimination and discrimination based upon disability and the violations of the parties Civil Rights. The serious allegations of Age discrimination and discrimination based upon disability and Civil Rights violations that the Complainants has raised and our contained in this Civil Rights complaint against the Respondent John F. Schomberg and the IDHS are issues that must be resolved by the Justice Department which is solely empowered to act upon under the discrimination and Civil Rights laws..

WHEREFORE, Complainants prays that the Justice Department immediately assign this matter to a hearing, panel, that a date for hearing be immediately set, that the hearing be conducted and that the panel make findings of fact, conclusions of law and a recommendation for such discipline as is warranted by its findings.

That the Justice Department issue an order that the Respondent John F. Schomberg have to take a fitness evaluation by a qualified psychologist or psychiatrists

That the Justice Department issue an order to Illinois Attorney Registration and Disciplinary Commission to suspend Respondent John F. Schomberg

from the practice of law pending this investigation.

/s/Christopher Stoller Executive Director  
Americans for the Enforcement of Attorney Ethics (AEAE)  
P.O. Box 60645  
Chicago, Illinois 60660  
773-746--3163  
email [cns40@hotmail.com](mailto:cns40@hotmail.com)  
[www.rentamark.net](http://www.rentamark.net)  
/s/Michael Stoller /s/Leo Stoller

Date: February 14, 2022

**Certificate of Mailing and Emailing**

I hereby certify that this Civil Rights Complaint complaint is being served by mail and via email to the Justice Department Department of Civil Rights and/

Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice  
810 Seventh Street NW  
Washington, DC 20531

U.S. Department of Justice  
Office of the Inspector General  
Assistant Inspector General for Investigations  
950 Pennsylvania Ave., NW  
Washington, D.C. 20530

- Patrick, Rahnee <Rahnee.Patrick@Illinois.gov>;
- Schomberg, John F <John.Schomberg@Illinois.gov>;
- keith.mckinley@illinois.gov <keith.mckinley@illinois.gov>;
- Avila, Vereniz <Vereniz.Avila@illinois.gov>;
- Harvey, Ciera <Ciera.Harvey@illinois.gov>;
- Reyes, Anastasia <Anastasia.Reyes@Illinois.gov>;

- duane.rylko@seiuhcil.org <duane.rylko@seiuhcil.org>;
- perta.owens@seiuhcil.org <perta.owens@seiuhcil.org>;
- greg.kelly@seiuhcil.org <greg.kelly@seiuhcil.org>;
- terry.harikins@seiuhcil.org <terry.harikins@seiuhcil.org>;
- DHS.HSPOvertime@Illinois.gov <DHS.HSPOvertime@Illinois.gov>
- grace.hou@illinois.gov <grace.hou@illinois.gov>;
- governor@Illinois.gov <governor@Illinois.gov>;
- insspectorgeneral@illinois.gov <insspectorgeneral@illinois.gov>;
- Smith, Valerie A. <Valerie.A.Smith@illinois.gov>;
- philip kiss <philip\_kiss@comcast.net>

/s/Christopher Stoller  
Date: 2-14-22

### **Office of the General Counsel**

U.S. Department of Justice  
Office of the Inspector General  
Office of the General Counsel  
950 Pennsylvania Ave. NW  
Washington, D.C. 20530

Phone: 202-616-0646  
Fax: (202) 616-9152

### **Information Technology Division**

U.S. Department of Justice  
Office of the Inspector General  
Information Technology Division  
Assistant Inspector General for Information Technology  
950 Pennsylvania Ave. NW  
Washington, D.C. 20530

## **Investigations Division**

U.S. Department of Justice  
Office of the Inspector General  
Assistant Inspector General for Investigations  
950 Pennsylvania Ave., NW  
Washington, D.C. 20530

[askojp@ncjrs.gov](mailto:askojp@ncjrs.gov)

[oip.ocom@usdoj.gov](mailto:oip.ocom@usdoj.gov)

Office for Civil Rights  
Office of Justice Programs  
U.S. Department of Justice  
810 Seventh Street NW  
Washington, DC 20531

## **EEOC Headquarters**

U.S. Equal Employment Opportunity Commission  
131 M Street, NE  
Washington, DC 20507  
202-921-3191 / 1-800-669-6820 (TTY) / 1-844-234-5122 (ASL Video Phone)

JCK Federal Building  
230 S Dearborn Street  
Chicago, IL 60604  
United States

### **Phone**

[\(312\) 872-9744](tel:(312)872-9744)

### **Fax**

[312-588-1260](tel:312-588-1260)

### **TTY**

[1-866-740-3953](tel:1-866-740-3953)

### **ASL Video Phone**

[844-234-5122](tel:844-234-5122)

### **Director**

Julianne Bowman

### **Regional Attorney**

Gregory M. Gochanour

Commission on Human Rights

**Location Address**

69 W. Washington Street, Suite 1130, Chicago, IL 60602

**Location Email**

human.rights@cookcountyil.gov

**Location Phone**

312-603-1100

**Location Fax**

312-603-9988

Chicago Commission on Human Relations 740 N. Sedgwick Suite 400 Chicago, IL 60654 (312) 744-4111 (312) 744-1088 (TTY) (312) 744-1081 (FAX) [cchrfilings@cityofchicago.org](mailto:cchrfilings@cityofchicago.org)  
[www.chicago.gov/cchr](http://www.chicago.gov/cchr)

Cook Co. Commission on Human Rights 69 W. Washington St. Suite 3040 Chicago, IL 60602 (312) 603-1100 (312) 603-1101 (TDD) (312) 603-9988 (FAX)

Illinois Department of Human Rights 555 W. Monroe St. 7 th Floor Chicago, IL 60661 (312) 814-6200 (217) 785-5125 (TTY) (312) 814-6251 (FAX)

U.S. Equal Employment Opportunity Commission Chicago District Office 500 W. Madison Suite 2000 Chicago, IL 60661 (800) 669-4000 (312) 869-8001 (TTY) (312) 869-8220 (FAX)

COMPLAINANT CONSENT/IDENTITY RELEASE FORM

Your Name: CHRISTOPHER STOLLER

Address: 5550 N. KENMORE AVE SUITE 522

CHICAGO State IL Zip 60640

Complaint number(s): (if known) \_\_\_\_\_

EMAIL CNS40@HOTMAIL.COM

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

**CONSENT/RELEASE**

CONSENT - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Chris Stoller

SIGNATURE

2/13/22

DATE

COMPLAINANT CONSENT/IDENTITY RELEASE FORM

Your Name: LEO STOLLER

Address: P.O. Box 60645

CHICAGO State ILL Zip 60660

Complaint number(s): (if known) \_\_\_\_\_

EMAIL LDMS40HOTMAIL.COM

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

**CONSENT/RELEASE**

**CONSENT** - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

**CONSENT DENIED** - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Leo Stoller

2/13/2002

SIGNATURE

DATE



COMPLAINANT CONSENT/IDENTITY RELEASE FORM

Your Name: Michael Stoller

Address: 5550 N. Kenmore Ave Suite 522  
Chicago State FL Zip 33140

Complaint number(s): (if known) \_\_\_\_\_

EMAIL LAYS 4 @ HOTMAIL.COM

Please read the information below, check the appropriate box, and sign this form.

I have read the Notice of Investigatory Uses of Personal Information by the Department of Justice (DOJ). As a complainant, I understand that in the course of an investigation it may become necessary for DOJ to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of DOJ to honor requests under the Freedom of Information Act. I understand that it may be necessary for DOJ to disclose information, including personally identifying details, which it has gathered as a part of its investigation of my complaint. In addition, I understand that as a complainant I am protected by DOJ's regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by DOJ.

**CONSENT/RELEASE**

CONSENT - I have read and understand the above information and authorize DOJ to reveal my identity to persons at the organization or institution under investigation. I hereby authorize the Department of Justice (DOJ) to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, personal records and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and do so voluntarily.

CONSENT DENIED - I have read and understand the above information and do not want DOJ to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and information about me, pertinent to the investigation of my complaint. I understand this is likely to impede the investigation of my complaint and may result in the closure of the investigation.

Michael Stoller 2/13/22

SIGNATURE

DATE

# **EXHIBIT 1**



# SEIU Healthcare®

## United for Quality Care

**Greg Kelley**

President

**Faith Arnold**

Executive Vice-President

**Maggie Laslo**

Secretary-Treasurer

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- Shaba Andrich
- Jessica Angus
- Erica Bland-Durosinmi
- Felecia Bryant
- Myra Glassman
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- Anne Igoe
- Lenny Jones
- Tiara Lloyd
- Sylvia Martinez
- Beth Menz
- James Muhammad
- Jaqueline Rodriguez
- Brynn Seibert
- Aly Young

**Board Chair:**

Bernita Drayton

**Vice-Chairs:**

- Maria del Carmen Macias
- Francine Rico
- Kim Smith
- Alberta Walker

**Illinois**

2229 S. Halsted  
Chicago, IL 60608  
Phone: 312.980.9000

**Indiana**

60 W. 80th Place  
Merrillville, IN 46410  
Phone: 219.885.3615

**Missouri**

5585 Pershing Avenue  
Suite 230  
St. Louis, MO 63112  
Phone: 314.533.3633

11-27-2020

Chris Stoller

PO Box 60645

Chicago, IL 60660

cns40@hotmail.com

Re: Grievance resolution on your behalf against DHS for dignity and respect

Case:2020-DORS-09916

Dear Mr. Stoller,

This letter is to confirm that the grievance filed on your behalf against DHS in the above referenced matter has been resolved. DHS responded to the Union indicating that you were assigned another case manager, your hours are 304.75 you will not be retaliated against.

Should you have any additional questions or concerns, please contact the Member Resources Center at 866-933-7348, option #6

For the Union,  
Duane Rylko

Ms. Duane Rylko MRC Organizer

[Duane.rylko@seiuhcil.org](mailto:Duane.rylko@seiuhcil.org)

866-933-7348 #6



## Monthly Service Hours

Chung, Daniel <Daniel.Chung@Illinois.gov>

Thu 9/24/2020 4:21 PM

To: L Stoller <ldms4@hotmail.com>

Hi Mr. Stoller.

Your brother sent me an e-mail asking about the monthly service hours for your son. It is currently at 304.75 hours a month.

Thank you,

Daniel Chung, MA, LPC  
Rehabilitation Services Supervisor  
IDHS - Division of Rehabilitation Services  
6200 N Hiawatha Ave, 3rd Floor  
Chicago, IL 60646  
Main: (773) 989-5000

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

# EXHIBIT 2



Illinois Department of Human Services  
Division of Rehabilitation Services

J.B. Pritzker, Governor

Grace B Hou, Secretary

December 30, 2021

MICHAEL STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Case #: 07215281

Dear Customer,

Home Service Program (HSP) records indicate during the following pay period(s), your IP worked more than 60 hours in a work week without an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin. Code 686.1570.

Dates	Hours Worked	Individual Provider
November 28 - December 4	105.18	CHRIS STOLLER
December 5 - December 11	105.18	CHRIS STOLLER

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 1

Please work with your Individual Provider(s) to ensure they are complying with HSP requirements and not working more than 60 hours in a work week. If your IP continues to work unauthorized overtime, it may result in progressive consequences including, but not limited to, the IP's suspension, the IP's possible permanent unfunding as a provider in the Home Services Program, or a service plan change to agency services if you are unable to manager your provider(s).

Please know that help is available! If you would like more information on how to manage your IP hours of work or information about the Overtime Policy, please contact your local HSP office for assistance, visit our website at [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT), or email [DHS.HSPOvertime@Illinois.gov](mailto:DHS.HSPOvertime@Illinois.gov).

Thank you,  
HSP Policy Unit



J.B. Pritzker, Governor

Grace B Hou, Secretary

December 30, 2021

CHRIS STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Dear Individual Provider,

Home Service Program (HSP) records indicate during the following pay period(s), you worked more than 60 hours in a work week without your Customer having an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin Code 686.1570.

Dates	Hours Worked	# of Customer(s)
November 28 - December 4	105.18	1
December 5 - December 11	105.18	1

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 1

Please work with your Customer to ensure you comply with HSP requirements and do not work more than 60 hours in a work week without an approved exception.

Under 89 Ill. Admin Code 1570 and the currently effective collective bargaining agreement, additional occurrences of unauthorized use of overtime will result in progressive consequences including, but not limited to, additional suspensions and possible permanent unfunding as a provider in the Home Services Program.

For more information, please visit our website at: [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT)

Thank you,  
HSP Policy Unit  
[DHS.HSPOvertime@illinois.gov](mailto:DHS.HSPOvertime@illinois.gov)





J.B. Pritzker, Governor

Illinois Department of Human Services  
Division of Rehabilitation Services

Grace B Hou, Secretary

January 14, 2022

MICHAEL STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Case #: 07215281

Dear Customer,

Home Service Program (HSP) records indicate during the following pay period(s), your IP worked more than 60 hours in a work week without an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin. Code 686.1570.

Dates	Hours Worked	Individual Provider
December 12 - December 18	93.93	CHRIS STOLLER
December 19 - December 25	105.97	CHRIS STOLLER
December 26 - January 1	79.65	CHRIS STOLLER

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 2

Please work with your Individual Provider(s) to ensure they are complying with HSP requirements and not working more than 60 hours in a work week. If your IP continues to work unauthorized overtime, it may result in progressive consequences including, but not limited to, the IP's suspension, the IP's possible permanent unfunding as a provider in the Home Services Program, or a service plan change to agency services if you are unable to manager your provider(s).

Please know that help is available! If you would like more information on how to manage your IP hours of work or information about the Overtime Policy, please contact your local HSP office for assistance, visit our website at [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT), or email [DHS.HSPOvertime@Illinois.gov](mailto:DHS.HSPOvertime@Illinois.gov).

Thank you,  
HSP Policy Unit





J.B. Pritzker, Governor

Grace B Hou, Secretary

January 14, 2022

CHRIS STOLLER  
5550 N KENMORE AVE APT 522  
CHICAGO IL 60640 - 1880

Dear Individual Provider,

Home Service Program (HSP) records indicate during the following pay period(s), you worked more than 60 hours in a work week without your Customer having an approved exception, which is an unauthorized use of overtime pursuant to 89 Ill. Admin Code 686.1570.

Dates	Hours Worked	# of Customer(s)
December 12 - December 18	93.93	1
December 19 - December 25	105.97	1
December 26 - January 1	79.65	1

For the 24-month period beginning 12/29/2021 this notice represents occurrence number: 2

Please work with your Customer to ensure you comply with HSP requirements and do not work more than 60 hours in a work week without an approved exception.

Under 89 Ill. Admin Code 1570 and the currently effective collective bargaining agreement, additional occurrences of unauthorized use of overtime will result in progressive consequences including, but not limited to, additional suspensions and possible permanent unfunding as a provider in the Home Services Program.

For more information, please visit our website at: [www.DRS.Illinois.gov/HSP/OT](http://www.DRS.Illinois.gov/HSP/OT)

Thank you,  
HSP Policy Unit  
[DHS.HSPOvertime@illinois.gov](mailto:DHS.HSPOvertime@illinois.gov)

# EXHIBIT 3

**Re : Michael Stoller DON letter**

Leo Stoller <ldms4@hotmail.com>

Wed 1/26/2022 10:53 AM

- To: Schomberg, John F <John.Schomberg@Illinois.gov>;

Mr. John Schomberg

Case No. 07215281 Michael Stoller

Re: 12-30-21 Letters from HSP Policy Unit SEE EXHIBITS ATTACHED BELOW

You were advised on 3-17-21, see mail below that Leo Stoller, Michael Stoller and Christopher Stoller are represented by attorney Philip Kiss. Currently we have an appeal pending in the Illinois Supreme Court Stoller v. Department of Human Services 127286.

You have violated the Illinois Rules of Professional Conduct by instructing the HSP Policy Unit to contact us when you are aware that we are represented by counsel. Further everything as between IDHS is stayed during the pendency of the on going litigation.

In addition, the letters sent by HSP Policy Unit stating that we could not work in excess of 60 hours a week (240 per month) which represents retaliation against a binding arbitration resolution on 11-27-2020 which order stated that we could work 304.75 hours a month, which is in excess of 60 per month. In addition the client Michael Stoller had Covic 19 and now has long haulers "Covic" which his Dr. Meneses in his recommended care plan, Michael Stoller needs 15 hours a day of care.

 [Whistleblower Retaliation Complaint Part1 \(1-9\).pdf](#)

You on Notice that we filed a Whistle Blower complaint against IDHS for retaliation on January 24, 2022. Mr. Schomberg you are put on notice unless you order HSP Policy Unit to immediately withdraw their retaliatory letters 12-30-21 copies of which are attached claiming that their warning represents Occurrence number 1, I will file an ARDC Complaint against you for instructing HSP Policy Unit to contact us when you aware that we are represent by an attorney and that the claim that we are only able to work 60's a week is false based upon the binding arbitration resolution contained in the SEIU letter dated 11-27-2020 which is also attached. You have until Thursday January 27, 2022 12:00 noon to advise us by email that the offending HSP Policy Unit letters have been withdrawn.

Please act accordingly

Leo Stoller Executive Director

Americans for the Enforcement of Attorney Ethics (AEAE)

[www.rentamark.net](http://www.rentamark.net)

# EXHIBIT 4



Date: 9/11/2017

Anastasia Reyes  
Rehabilitation Counselor  
Illinois Division of Rehabilitation Services  
5050 N. Broadway St, Chicago, Illinois 60640

Dear Ms Reyes

This letter is to inform you that on 9/8/2017 Access Living staff was contacted to assist consumer Michael Stoller with the Request for Overtime Exception forms. After discussing the consumer's situation, I determined that requesting the Overtime Exception based on 'Provider Unable to Work' category is not applicable. This category requires CILs staff signature only if consumer contacted Access Living to help identify additional Individual Providers, and we were not able to assist this consumer by providing referrals for new IPs. This consumer did not request assistance in finding new IP because having new/additional IP would not resolved his situation. Per medical documentation, the consumer's disability does not allow any unfamiliar Individual Providers to provide the support he needs. Unfamiliar people in his environment can lead to worsening his symptoms and lead to catatonia. I advised that this consumer should apply for the overtime exception under the 'Unique/Complex Needs' category which is more appropriate for his situation.

Feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Dariusz Barwacz".

Dariusz Barwacz

Dariusz Barwacz  
Manager of Community Supports Department  
Access Living  
115 W. Chicago Ave.  
Chicago, IL 60654  
Phone: 312-640-2151  
Fax: 312-640-2142  
[dbarwacz@accessliving.org](mailto:dbarwacz@accessliving.org)

# **EXHIBIT 5**

➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site \(https://coronavirus.illinois.gov/\)](https://coronavirus.illinois.gov/).

OEIG (/oeig/Pages/default.aspx) ▶ Complaints (/oeig/complaints/Pages/process.aspx)

# Online Complaint

**THIS ONLINE COMPLAINT PAGE HAS A 60 MINUTE AUTO-TIMEOUT.**

**If the complaint is not completed within 60 minutes, the OEIG may not receive your application.**

\* indicates required field

---

## Contact Information

---

*The OEIG does accept anonymous complaints, however our inability to discuss this matter with you directly may prevent us from investigating this complaint.*

### Your First Name

### Your Last Name

### Age

### Sex

- Male  
 Female

### Street Address (Include Apt. #/Unit #, if applicable)

### City

### State

**Zip Code****Home Phone****Business Number****Other Number****E-mail****Contact Preference**

What is your preferred method of contact?

**Employment**

Are you employed by the State of Illinois, a State public university, CTA, Metra, PACE, or RTA?

- Yes  
 No

**Agency of Employment**

If yes, which agency?

**Job Title****Complaint Against Agency**

Is your complaint against an employee(s), agency, or someone doing business with the State of Illinois, CTA, Metra, PACE, or RTA?



- Yes  
 No

**Agency**

If yes, which agency?

Illinois Department of Human Resources

---

**Other Agencies Notified**

---

**Notified Others**

Have you notified any other Federal, State or local agency of your complaint or filed a lawsuit or grievance related to these matters?

- Yes  
 No

**Agency Notified**

If yes, with which agency did you file a complaint?

**Agency Complaint Number**

What is the complaint number?

**Complaint Resolved**

Has your complaint been resolved?

- Yes  
 No

**Resolution Summary**

If yes, briefly summarize the results

---

**Previous OEIG Cases**

---

**Previous Complaint Filed**

Have you previously filed a complaint with the OEIG?

- Yes  
 No

**OEIG Case Numbers**

If yes, please list any known OEIG case numbers

**Related Complaint**

Is this complaint related to your previously filed OEIG complaint?

- Yes  
 No

---

**Consent**

---

*Please be aware that your complaint(s) may be referred to other government agencies including the agency referred to in your complaint.*

**Reveal Name in Referral**

If your complaint is referred, do you consent to the release of your identity as the complainant?

- Yes  
 No

**Reveal Name in Report**

If the OEIG conducts an investigation and issues a report, do you consent to being identified as the complainant in the report?

- Yes  
 No

---

**Person(s) Against Whom You Are Complaining**

---

*Please provide as much detailed information about the individual(s) as possible*

**Subject's First Name**

Daniel

**Subject's Last Name**

Chung

**Subject's Phone**

773-986-5000

**Subject's Age**

48

**Subject's Sex**

- Male  
 Female

**Subject's Street Address**

6200 N. Hiawatha Ave 3rd Floor

**Subject's City**

Chicago

**Subject's State**

Illinois

**Subject's Zip**

60646

**Subject's Agency**

IDHS Division of Rehabilitation Services

**Subject's Job Title**

Rehabilitation Service Supervisor

**Subject's Additional Information**

This Complaint is against Daniel Chung, Supervisor and Danica Jackson. Rehabilitation Counselor Senior, Department of Rehabilitation Services, ,6200 N. Hiawatha 3rd Floor phone 773-986-5000 X 5006 for violation of Article 10 Gift Ban S10-10

Additional Subject(s)

### Complaint Summary

#### \* Required Field

#### Summary of Complaint \*

Please summarize your complaint including date and time of alleged incident(s) (please attach any available documentation or other evidence in support of your complaint)

Complainants Christopher Stoller, 72 and Leo Stoller 74.

(Leo Stoller is also a State employee, a personal Assistant. Address is 5550 N. Kenmore Ave Suite 522, Chicago, Illinois 60640 Phone 312-545-4554)

This complaint is filed under the State Officials and Employees Ethics Act (5 ILCS 430/15), which provides "whistle blower" protections to State employees who report, or threaten to report, wrongdoing, provide information or testify regarding wrongdoing, or assist in the enforcement of the Ethics Act. Complainants request "whistle blower" protection against retaliation from the Illinois Attorney General's Office.

In or about 2018 , Danica Jackson, a Rehabilitation Counselor requested that Christopher Stoller provide her with a watch and a bottle of wine. When Christopher Stoller learned that it was against the Ethics Act. He called it to the attention of Daniel Chung, Ms. Jackson's Rehabilitation Services Supervisor See Exhibit 1 email chain directed to

#### Witness(es)

*Please list other person(s) who could be a witness to the misconduct you have alleged*

#### Witness First Name

Leo

#### Witness Last Name

Stoller

#### Witness Agency

#### Witness Job Title

Personal Assistant

**Witness Phone**

3125454554

**Witness Additional Information**

Leo Stoller is a joint Complainant in this matter

Additional Witness(es)

**Attachment(s)**

*Additional documents/evidence **pertinent** to this complaint can be attached below.*

**Attachments**

Multiple files can be uploaded by holding down Shift or Ctrl while selecting.

 TECH 2 Brand Mens Black Dial Dual Time Display Japanese Quartz LCD \_ eBay.pdf

Illinois law provides that the identity of any individual providing information to an Executive Inspector General shall be kept confidential and may not be disclosed without the consent of that individual or when disclosure of the individual's identity is otherwise required by law. 5 ILCS 430/20-90(a).

Illinois law states that any person who intentionally makes, to an Executive Inspector General, a false report alleging misconduct is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).

[COMPLAINTS \(/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX\)](/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX)

[File a Complaint \(/oeig/complaints/Pages/FileaComplaint.aspx\)](/oeig/complaints/Pages/FileaComplaint.aspx)

**[Complaint Process \(/oeig/complaints/Pages/process.aspx\)](/oeig/complaints/Pages/process.aspx)**

[Whistle Blower Protection \(/oeig/complaints/Pages/WhistleBlower.aspx\)](/oeig/complaints/Pages/WhistleBlower.aspx)

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- [Flag Honors \(/news/Pages/Flag.aspx\)](/news/Pages/Flag.aspx)
- [Road Conditions \(http://www.gettingaroundillinois.com/\)](http://www.gettingaroundillinois.com/)
- [RSS Feeds \(http://www3.illinois.gov/PressReleases/RSS.cfm\)](http://www3.illinois.gov/PressReleases/RSS.cfm)
- [Emergencies & Disasters \(http://ready.illinois.gov/\)](http://ready.illinois.gov/)

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- 📍 [Amber Alerts \(http://www.amberillinois.org/\)](http://www.amberillinois.org/), 🧑 [Illinois Privacy Info \(/Pages/About/Privacy.aspx\)](/Pages/About/Privacy.aspx)

[Governor JB Pritzker \(/sites/gov\)](/sites/gov)

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➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site \(https://coronavirus.illinois.gov/\)](https://coronavirus.illinois.gov/).

OEIG (/oeig/Pages/default.aspx) ▶ Complaints (/oeig/complaints/Pages/process.aspx)

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**If the complaint is not completed within 60 minutes, the OEIG may not receive your application.**

\* indicates required field

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---

*The OEIG does accept anonymous complaints, however our inability to discuss this matter with you directly may prevent us from investigating this complaint.*

**Your First Name**

**Your Last Name**

**Age**

**Sex**

- Male  
 Female

**Street Address (Include Apt. #/Unit #, if applicable)**

**City**

**State**

**Zip Code****Home Phone****Business Number****Other Number****E-mail****Contact Preference**

What is your preferred method of contact?

**Employment**

Are you employed by the State of Illinois, a State public university, CTA, Metra, PACE, or RTA?

- Yes  
 No

**Agency of Employment**

If yes, which agency?

**Job Title****Complaint Against Agency**

Is your complaint against an employee(s), agency, or someone doing business with the State of Illinois, CTA, Metra, PACE, or RTA?



- Yes  
 No

**Agency**

If yes, which agency?

Illinois Department of Human Resources

---

**Other Agencies Notified**

---

**Notified Others**

Have you notified any other Federal, State or local agency of your complaint or filed a lawsuit or grievance related to these matters?

- Yes  
 No

**Agency Notified**

If yes, with which agency did you file a complaint?

**Agency Complaint Number**

What is the complaint number?

**Complaint Resolved**

Has your complaint been resolved?

- Yes  
 No

**Resolution Summary**

If yes, briefly summarize the results

---

**Previous OEIG Cases**

---

**Previous Complaint Filed**

Have you previously filed a complaint with the OEIG?

- Yes  
 No

**OEIG Case Numbers**

If yes, please list any known OEIG case numbers

**Related Complaint**

Is this complaint related to your previously filed OEIG complaint?

- Yes  
 No

---

**Consent**

---

*Please be aware that your complaint(s) may be referred to other government agencies including the agency referred to in your complaint.*

**Reveal Name in Referral**

If your complaint is referred, do you consent to the release of your identity as the complainant?

- Yes  
 No

**Reveal Name in Report**

If the OEIG conducts an investigation and issues a report, do you consent to being identified as the complainant in the report?

- Yes  
 No

---

**Person(s) Against Whom You Are Complaining**

---

*Please provide as much detailed information about the individual(s) as possible*

**Subject's First Name**

Daniel

**Subject's Last Name**

Chung

**Subject's Phone**

773-986-5000

**Subject's Age**

48

**Subject's Sex**

Male



Female

**Subject's Street Address**

6200 N. Hiawatha Ave 3rd Floor

**Subject's City**

Chicago

**Subject's State**

Illinois

**Subject's Zip**

60646

**Subject's Agency**

IDHS Division of Rehabilitation Services

**Subject's Job Title**

Rehabilitation Service Supervisor

**Subject's Additional Information**

This Complaint is against Daniel Chung, Supervisor and Danica Jackson. Rehabilitation Counselor Senior, Department of Rehabilitation Services, ,6200 N. Hiawatha 3rd Floor phone 773-986-5000 X 5006 for violation of Article 10 Gift Ban S10-10

Additional Subject(s)

### Complaint Summary

#### \* Required Field

#### Summary of Complaint \*

Please summarize your complaint including date and time of alleged incident(s) (please attach any available documentation or other evidence in support of your complaint)

Complainants Leo Stoller 74 and Christopher Stoller 72.

(Christopher Stoller is also a State employee, a personal Assistant. Address is 415 Wesley Apt 1, Oak Park, Illinois 60302 Phone 773-

This complaint is filed under the State Officials and Employees Ethics Act (5 ILCS 430/15), which provides "whistle blower" protections to State employees who report, or threaten to report, wrongdoing, provide information or testify regarding wrongdoing, or assist in the enforcement of the Ethics Act. Complainants request "whistle blower" protection against retaliation from the Illinois Attorney General's Office.

In or about 2018 , Danica Jackson, a Rehabilitation Counselor requested that Christopher Stoller provide her with a watch and a bottle of wine. When Christopher Stoller learned that it was against the Ethics Act. He called it to the attention of Daniel Chung, Ms. Jackson's Rehabilitation Services Supervisor See Exhibit 1 email chain directed to

### Witness(es)

*Please list other person(s) who could be a witness to the misconduct you have alleged*

#### Witness First Name

Christopher

#### Witness Last Name

Stoller

#### Witness Agency

#### Witness Job Title

Personal Assistant

**Witness Phone**

7737463163

**Witness Additional Information**

Christopher Stoller is a joint Complainant in this matter

Additional Witness(es)

**Attachment(s)**

*Additional documents/evidence **pertinent** to this complaint can be attached below.*

**Attachments**

Multiple files can be uploaded by holding down Shift or Ctrl while selecting.

 TECH 2 Brand Mens Black Dial Dual Time Display Japanese Quartz LCD \_ eBay.pdf

Illinois law provides that the identity of any individual providing information to an Executive Inspector General shall be kept confidential and may not be disclosed without the consent of that individual or when disclosure of the individual's identity is otherwise required by law. 5 ILCS 430/20-90(a).

Illinois law states that any person who intentionally makes, to an Executive Inspector General, a false report alleging misconduct is guilty of a Class A misdemeanor. 5 ILCS 430/50-5(d).

[COMPLAINTS \(/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX\)](/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX)

[File a Complaint \(/oeig/complaints/Pages/FileaComplaint.aspx\)](/oeig/complaints/Pages/FileaComplaint.aspx)

**[Complaint Process \(/oeig/complaints/Pages/process.aspx\)](/oeig/complaints/Pages/process.aspx)**

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➕ View up to date information on how Illinois is handling the Coronavirus Disease 2019 (COVID-19) from the [State of Illinois Coronavirus Response Site \(https://coronavirus.illinois.gov/\)](https://coronavirus.illinois.gov/).

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# Thank You

Thank you for your submission. After review of your complaint, you will receive a letter acknowledging our receipt (provided you have given contact information). If your complaint is anonymous or no contact information has been provided, your complaint will be reviewed and addressed appropriately.

[COMPLAINTS \(/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX\)](/OEIG/COMPLAINTS/PAGES/PROCESS.ASPX)

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OFFICE OF EXECUTIVE INSPECTOR GENERAL  
FOR THE AGENCIES OF THE ILLINOIS GOVERNOR

69 WEST WASHINGTON STREET, SUITE 3400  
CHICAGO, ILLINOIS 60602  
(312) 814-5600

July 21, 2020

Christopher Stoller  
415 Wesley  
Suite 1  
Oak Park, IL 60302

*Via email: cns40@hotmail.com*

**Re: Complaint #20-01177**

Dear Mr. Stoller:

The Office of Executive Inspector General (OEIG) has received and reviewed your complaint and has determined that it is more appropriate for your allegations to be addressed by the Department of Human Services. Therefore, we have referred your complaint to that office. Any future questions that you may have about the status of your complaint should be directed to their office.

Your commitment to ensuring honesty, integrity, and accountability in State government is greatly appreciated and we thank you for bringing this matter to our attention. Furthermore, retaliatory action against someone who makes allegations of misconduct is strictly forbidden and may result in a violation of agency policy and/or State law.<sup>1</sup> If, in the future, you feel that you have been retaliated against based on your raising this complaint, you may file a new complaint with our office.

Sincerely,

Susan M. Haling  
Executive Inspector General

By:

\_\_\_\_\_  
Antoinette A. Kwateng  
Deputy Inspector General  
Complaints & Compliance Division

<sup>1</sup> See e.g., 5 ILCS 430/15-5 and 740 ILCS 174/20.2.



OFFICE OF EXECUTIVE INSPECTOR GENERAL  
FOR THE AGENCIES OF THE ILLINOIS GOVERNOR

69 WEST WASHINGTON STREET, SUITE 3400  
CHICAGO, ILLINOIS 60602  
(312) 814-5600

July 21, 2020

Leo Stoller  
5550 N. Kenmore Avenue  
Apt 522  
Chicago, IL 60640

*Via email: ldms4@hotmail.com*

**Re: Complaint #20-01178**

Dear Mr. Stoller:

The Office of Executive Inspector General (OEIG) has received and reviewed your complaint and has determined that it is more appropriate for your allegations to be addressed by the Department of Human Services. Therefore, we have referred your complaint to that office. Any future questions that you may have about the status of your complaint should be directed to their office.

Your commitment to ensuring honesty, integrity, and accountability in State government is greatly appreciated and we thank you for bringing this matter to our attention. Furthermore, retaliatory action against someone who makes allegations of misconduct is strictly forbidden and may result in a violation of agency policy and/or State law.<sup>1</sup> If, in the future, you feel that you have been retaliated against based on your raising this complaint, you may file a new complaint with our office.

Sincerely,

Susan M. Haling  
Executive Inspector General

By:

\_\_\_\_\_  
Antoinette A. Kwateng  
Deputy Inspector General  
Complaints & Compliance Division

<sup>1</sup> See e.g., 5 ILCS 430/15-5 and 740 ILCS 174/20.2.