

STATE OF FLORIDA
COMMISSION ON ETHICS
P. O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709

COMPLAINT

1. PERSON BRINGING COMPLAINT:

Name: _____ Telephone Number: _____

Address: _____

City: _____ county: _____ Zip Code: _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

(Current or former public **officer**, public employee, candidate, or lobbyist) (Please use one complaint form for each person you wish to complain against):

Name: _____ Telephone Number: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Title of **office** or position held or sought: _____

3. STATEMENT OF FACTS:

Please explain your complaint fully, either on the reverse side of this form or on additional sheets, providing a detailed description of the facts and the actions of the person named above. Include relevant dates and the names and addresses of persons whom you believe may be witnesses, If you believe that a particular provision of **Article II**, Section 8, Florida Constitution (the Sunshine Amendment) or of **Part III**, Chapter **112**, Florida Statutes (the Code of Ethics for Public **Officers** and Employees) has been violated, please state the specific section(s). You need not attach copies of documents; if they are relevant, your description of them will **suffice**.

4. OATH:

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or **affirmed**) and subscribed before me this _____ day of _____

19 _____, by _____
(name of person making statement)

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____
Type of Identification Produced: _____

SIGNATURE OF COMPLAINANT