

**STATE OF ALABAMA  
ETHICS COMMISSION**

**RSA UNION BUILDING  
100 NORTH UNION STREET, SUITE 104  
MONTGOMERY, ALABAMA 36104**

**MAILING ADDRESS  
P. O. BOX 4840  
MONTGOMERY, ALABAMA 36103-4840**

**PHONE: (334) 242-2997  
FAX: (334) 242-0248**

**COMPLAINT**

- I. Complainant's Name** : \_\_\_\_\_  
(Person making complaint)
- Address** : \_\_\_\_\_
- City/County/State/Zip** : \_\_\_\_\_
- Home and Cell Phone** : \_\_\_\_\_
- E-mail address** : \_\_\_\_\_
- Place of Employment** : \_\_\_\_\_
- Employer's Address** : \_\_\_\_\_
- City/County/State/Zip** : \_\_\_\_\_

**NOTE: PLEASE LIST ONLY ONE (1) RESPONDENT PER COMPLAINT FORM.**  
**PLEASE USE A NEW FORM FOR EACH ADDITIONAL RESPONDENT.**

- II. Respondent's Name and Title/Position Held** : \_\_\_\_\_  
(Person against whom complaint is made)
- Address** : \_\_\_\_\_
- City/County/State/Zip** : \_\_\_\_\_
- Phone number** : \_\_\_\_\_
- Place of Employment** : \_\_\_\_\_
- Date of Occurrence** : \_\_\_\_\_

**III. Statement of Facts:**

Please set forth, in detail, the specific charges against the Respondent and factual allegations which support such charges. The space provided below is not intended to limit your statement of facts. Please feel free to attach additional sheets if necessary. Please include relevant dates and the names and addresses of other persons you believe to have knowledge of the facts.

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*Section 36-25-4(c) states: "Prior to commencing any investigation, the Commission shall: (1) receive a written complaint which sets forth in detail the specific charges against a respondent, and the factual allegations which support such charges."*

*"The complaint may only be filed by a person who has or persons who have credible and verifiable information supporting the allegations contained in the complaint."*

**IV.** I understand that by filing this complaint, I am requesting an investigation be conducted into the conduct described herein. I understand that a criminal prosecution could result from the findings of the investigation which could require my testimony before a grand jury and/or during trial. It is my intention to fully cooperate with the staff of the Alabama Ethics Commission in the investigation of this matter. I agree to testify, if needed, before the Alabama Ethics Commission or any other judicial body necessary about matters related to this complaint. I understand that my failure to fully cooperate in this investigation could result in the dismissal of this complaint. I am aware that at the appropriate time this information may be available to the respondent or his/her attorney.

I hereby swear or affirm that the information on this form is true and correct to the best of my knowledge.

Complainant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

Date Notary Commission Expires \_\_\_\_\_