

**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 Phone** : _____
- Place of Employment** : _____
- Employer's Address** : _____
- City/County/State/Zip** : _____
- Work Phone** : _____

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** : _____
- Home Phone** : _____
- Place of Employment** : _____
- Date of Occurrence** : _____

III. Statement of Facts:

State in your own words the *detailed* facts and the actions of the person named in paragraph II which prompted you to make this complaint. The brief space provided below is not intended to limit your statement of facts. Please feel free to attach additional sheets if necessary. Include relevant dates and time and the names and addresses of other persons whom you believe to have knowledge of the facts.

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 initiating this complaint I have started proceedings of a legal nature. I further understand that such proceedings could include criminal prosecution 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 and/or any other judicial body necessary to resolve this case. I understand that my failure to fully cooperate in this investigation could result in dismissal of this complaint.

I understand that my name and the other personal information on this form will not be released by anyone at the Alabama Ethics Commission. I am aware, however, that at the appropriate time this information may be available to the respondent and/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 _____