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.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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 understand that this complaint is protected by and subject to Sections 12-16-214 to 12-16-216 of the Ala. Code (1975). 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__________________