



Florida Commission on Ethics
 P. O. Drawer 15709, Tallahassee, Florida 32317-5709
 "A Public Office is a Public Trust"

COMPLAINT

1. PERSON BRINGING COMPLAINT:

Name: _____ Telephone Number: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Use a separate 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 provide a full explanation of your complaint, describing the facts and the actions of the person named above and why you believe he or she violated the law. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. Please do not submit more than 15 pages, including this form. Please do not submit video or audio tapes, CDs, DVDs, flash drives or other electronic media; such material will not be considered part of the complaint and will be returned.

4. OATH

I, the person bringing this complaint, do swear or affirm 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 _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20 _____, by _____ (name of person making statement)

SIGNATURE OF COMPLAINANT

(Signature of Notary Public)

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

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