



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

**CE FORM 50**  
**ETHICS COMPLAINT FORM AND INSTRUCTIONS**

*Use this form to file an ethics complaint or to file an amendment to an ethics complaint. An ethics investigation can only be initiated by a properly filed complaint, including a statement of facts alleging a possible violation of the ethics laws. Noncompliant or incomplete forms will be returned.*

**PLEASE NOTE:** The Florida Commission on Ethics cannot intervene in your civil or criminal case, nor can we give you legal advice. We do not have jurisdiction to consider complaints against judges or to direct the actions of government agencies. We have no jurisdiction over violations of the Sunshine Law or the Open Meetings Law.

**SECTION ONE—Person Bringing Complaint:** The person bringing the complaint is known as "the Complainant." Please provide your name, address, and telephone number.

**SECTION TWO—Person Against Whom Complaint is Brought:** The person against whom the complaint is brought is known as "the Respondent." Provide the name, address, and telephone number of the Respondent, as well as that person's office or the position he or she holds or held, or for which he or she is a candidate. All complaints are confidential and considered independently, so if you are filing a complaint against more than one person, use a separate complaint form for each person.

**SECTION THREE—Statement of Facts:** On a separate sheet(s) of paper, please provide the following:

- Please explain fully, but as briefly as possible, what the Respondent did that you believe violated the ethics laws of the State of Florida.
- **Please explain how you became aware of these facts** because the Commission may only investigate complaints based on personal knowledge or information other than hearsay.
- Please limit your submission to **15 pages or fewer**, and do not submit voluminous exhibits or copies of statutes; if your complaint is deemed legally sufficient, it will be investigated and at that point, the investigator will obtain any relevant materials from you.
- **Do not submit items such as oversize documents, audio or video tapes, CDs or DVDs, or flash drives.** This will result in your complaint being returned. Also, Commission staff will not visit any URLs provided in your statement of facts.
- All complaints are confidential until a certain point in the proceedings. Do not cross-reference the filing of an ethics complaint against another person in your statement of facts.

**SECTION FOUR—Oath:** Complaints must be sworn before a notary or other official authorized to administer oaths. Unsworn complaints will be returned.

**WHERE TO FILE THE COMPLAINT:** The original complaint form (original signature and notarization) must be mailed or delivered to the Commission of Ethics at the address on the complaint form. Photocopies or emailed forms cannot be accepted. The Commission address is: P. O. Box 15709, Tallahassee, Florida 32317-5709.

**COMPLAINT PROCESS:** For more information about the complaint process, please visit:  
<https://ethics.state.fl.us/Complaints/Complaints.aspx>



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# COMPLAINT

## 1. PERSON BRINGING COMPLAINT:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

Use a separate complaint form for each person against whom you are filing a complaint.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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, and include a statement of how you became aware of these facts. Include relevant dates and the names and addresses of people 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, CD, 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 Notary Public)

\_\_\_\_\_  
SIGNATURE OF COMPLAINANT

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

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_