

STATE OF WISCONSIN  
***ETHICS COMMISSION***

COMPLAINT FORM

**Please provide the following information about yourself:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

**Instructions:**

- Clearly identify each person, committee, or group that is alleged to have committed a violation (called the respondent);
- Clearly recite the facts that show specific violations under the Commission's jurisdiction (citations to the law and administrative code are not necessary, but helpful);
  - Be as specific as possible as it relates to dates, times, and individuals involved.
- Differentiate between statements based on the complainant's (the person who files the complaint) personal knowledge and those based on information and belief. Statements not based on personal knowledge should identify the source of the information, if known;
- Include any and all documentation supporting the allegations, if available; and
- Use as many separate pages as needed and attach copies of any supporting documentation.

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**State of Wisconsin  
Before the Ethics Commission**

The Complaint of \_\_\_\_\_

\_\_\_\_\_, Complainant(s) against

\_\_\_\_\_, Respondent, whose

address is \_\_\_\_\_.

This complaint is under \_\_\_\_\_ (Insert the applicable sections of law in chs. 11, subchapter III of ch. 13, or subchapter III of ch. 19, if known)

I, \_\_\_\_\_, allege that:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Date: \_\_\_\_\_

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

STATE OF WISCONSIN

County of \_\_\_\_\_,  
(county of notarization)

Sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of person authorized to administer oaths)

My commission expires \_\_\_\_\_, or is permanent.

Notary Public or \_\_\_\_\_  
(official title if not notary)

**Please send this completed form to:**

**Mail:** Wisconsin Ethics Commission (608) 264-9319  
P.O. Box 7984  
Madison, WI 53707-7984  
**Email:** ethics@wi.gov