



WISCONSIN ETHICS COMMISSION COMPLAINT FORM

1. Please provide the following information about yourself (Complainant):

Complainant name			
Street address	City	State	Zip code
Email address	Phone number		

2. Please provide the following information for the person you allege violated the law (Respondent):

Respondent name			
Street address	City	State	Zip code
Email address	Phone number		

3. Please state the applicable section(s) of law in Chapter 11, subchapter III of Chapter 13, or subchapter III of Chapter 19, if known:

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4.

**STATE OF WISCONSIN
Before the Ethics Commission**

I, _____, allege that:

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☐ Please see additional pages attached. (No more than 10 pages total.)



WISCONSIN ETHICS COMMISSION

COMPLAINT FORM

NOTARIAL CERTIFICATE

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)

Signed and sworn to (or affirmed) before me on _____, 20____
by _____ (name of individual making statement).

(Signature of person authorized to administer oaths)

Notary Public or _____
(official title if not notary)

My commission expires _____, or is permanent.

Instructions

- Section 1 - Please provide your full name and address. Anonymous complaints are NOT accepted.
- Section 2 - Please provide the full name and address of the person against whom the complaint is filed. If multiple persons are alleged to have committed a violation, file a separate complaint for each person.
- Section 3 - Please state the applicable section of law that has been violated. Complaints that fail to allege a violation of Chapter 11, subchapter III of Chapter 13, or subchapter III of Chapter 19 cannot be considered.
- Section 4:
 - ☐ Please insert your name.
 - ☐ Include a concise statement of the facts supporting each alleged violation.
 - ☐ Indicate whether an allegation is based on first-hand personal knowledge or information and belief.
 - For allegations based on information and belief, please identify the source of the information.
 - ☐ If citing legal authority, please include a public domain citation, if available. Citations shall also include a page or paragraph number, as appropriate.
 - ☐ Please attach additional pages or documentation, if necessary.
 - ! No more than 10 total pages will be accepted without prior approval.
- Notarial Certificate - Please take the completed complaint to a notary public. The notary will place you under oath before asking you to sign the complaint.
- If an attorney or other authorized person is filing this complaint on behalf of the complainant, please include a notice of representation that includes the name and address of the attorney or authorized person.

Please send this completed form to:

Email: ethics.complaints@wi.gov	Fax: (608) 264-9319	Mail: Wisconsin Ethics Commission P.O. Box 7125 Madison, WI 53707-7125	In-Person Delivery: Wisconsin Ethics Commission 101 E. Wilson St., Suite 127 Madison, WI 53703
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