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 [see s. 887.01])

My commission expires _____ , or is permanent.

Notary Public or _____
                        (official title if not notary)

**Please send this completed form to:**

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