



# 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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