

STATE OF WISCONSIN
ETHICS COMMISSION

COMPLAINT FORM

Please provide the following information about yourself:

Name _____

Address _____

Telephone Number _____

E-mail _____

**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:

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: _____
Complainant's Signature

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.

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
P.O. Box 7984
Madison, WI 53707-7984

Fax: (608) 264-9319 Email: ethics@wi.gov