

Commissioner of Political Practices
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www.politicalpractices.mt.gov

FOR OFFICE USE ONLY

HAND DELIVERED

CERTIFIED MAIL

SIGNED/NOTARIZED

Ethics

Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

Person bringing complaint (Complainant):

Complete Name _____

Complete Mailing Address _____

Phone Numbers: Work _____ Home _____

Person or organization against whom complaint is brought (Respondent):

Complete Name _____

Complete Mailing Address _____

Phone Numbers: Work _____ Home _____

***Please complete the second page of this form
and describe in detail the facts of the alledged violation.***

Verification by oath or affirmation

State of Montana, County of _____

I, _____, being duly sworn, state that the information in this
Complaint is complete, true, and correct, to the best of my knowledge and belief.

(SEAL)

Signature of Complainant

Subscribed and sworn to before me this ____ day of
_____, _____.

Notary Public

My Commission Expires: _____

Statement of facts:

Describe in detail the alleged violation(s), including pertinent dates, and cite the statute or statutes you believe have been violated. Please attach copies of documentary evidence to support the facts alleged in your statement.

If the space provided below is insufficient, you may attach additional pages as necessary.

Complaint must be:

- signed
- notarized
- delivered in person or by certified mail.