THE STATE OF MONTANA

Commissioner of Political Practices
1205 Eighth Avenue
Post Office Box 202401
Helena, MT  59620-2401
Phone: 406-444-2942
Fax: 406-444-1643
www.politicalpractices.mt.gov

Ethics

Complaint Form  (10/17)

Person bringing complaint (Complainant):
Type or print in ink all information on this form except for verification signature
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 alleged 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.

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Complaints must be:
- signed
- notarized
- delivered to the Commissioner in person or by mail.