

Commissioner of Political Practices  
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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: \_\_\_\_\_

