THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES
1205 Eighth Avenue
Post Office Box 202401
Helena, MT 59620-2401
TELEPHONE: 406-444-2942
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HAND DELIVERED ☐

CERTIFIED MAIL ☐

SIGNED/NOTARIZED ☐

ETHICS

COMPLAINT FORM (11/02)

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR VERIFICATION SIGNATURE

PERSON BRINGING COMPLAINT (COMPLAINANT):

COMPLETE NAME _____

COMPLETE MAILING ADDRESS _____

_____
(City, State, Zip)

TELEPHONE NUMBERS: WORK _____ HOME_____

PERSON OR ORGANIZATION AGAINST WHOM COMPLAINT IS BROUGHT (RESPONDENT):

COMPLETE NAME _____

COMPLETE MAILING ADDRESS _____

_____
(City, State, Zip)

TELEPHONE 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.

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR VERIFICATION

COMPLAINTS MUST BE:

- **SIGNED**
- **NOTARIZED**
- **DELIVERED TO THE COMMISSIONER IN PERSON OR BY CERTIFIED MAIL**