



Official Use Only:  
Date Received:

## STATE ETHICS COMMISSION COMPLAINT FORM

The State Ethics Commission has the authority to investigate complaints against those persons covered by Chapter 138A, North Carolina General Statutes, "The State Government Ethics Act," for alleged violations of the Ethics Act. Please see G.S. § 138A-12 of the Ethics Act. This complaint must be filed within two years of the date you, the Complainant, knew or should have known of the conduct upon which this complaint is based. Please note that the Ethics Commission does NOT have jurisdiction over all public officials or state employees. If you file a complaint against a person who is not covered by the Ethics Act or that does not allege a violation of the Ethics Act your complaint will be dismissed.

### **CONTACT INFORMATION** *(Please Type or Print clearly)*

The Ethics Act **REQUIRES** that a complaint contain the name, address, telephone number and email address of the person filing the complaint. The Commission cannot accept anonymous complaints. The Ethics Act also requires that persons filing complaints be registered voters.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Telephone No: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a registered voter? Yes ☐ No ☐ State: \_\_\_\_\_ County: \_\_\_\_\_

### **NATURE OF THE COMPLAINT**

The Ethics Commission does NOT have jurisdiction over all public officials or state employees or local government officials or employees. A list of covered persons is posted on the State Ethics Commission's website: <https://ethics.ncsbe.gov/coverage/coveredPersons.aspx>

1. Identify the person that you believe may have violated specific provisions of the Ethics Act:

Name: \_\_\_\_\_

2. Check position of the person against whom this complaint is filed:

☐ Member of General Assembly (NC legislature) ☐ Legislative Employee ☐ State Employee  
☐ Statewide Elected Official ☐ Judge ☐ Clerk of Court ☐ District Attorney  
☐ Member of State-level Non-Advisory Board Board Name: \_\_\_\_\_

2. Provide the date(s) the alleged violation occurred: \_\_\_\_\_
3. Please provide a concise statement of the nature of your complaint **and** specific facts indicating that a violation of the Ethics Act *or* Lobbying Law (Chapter 120) of the North Carolina General Statutes has occurred. Check the relevant box below. Please provide as much detail as possible and attach any documentation you have that supports your claim. ***Attach additional pages if needed.***

[illegible]

4. Provide the names and contact information of other persons who may have information that would support your allegations.

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5. Have the individuals and conduct complained about been the subject of a prior complaint or proceeding? If so, state the place where the prior complaint was filed and its current status.

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### SWORN COMPLAINT

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that the information provided in this complaint is true, correct, complete, and of my own personal knowledge, or if not, I believe the information to be true based upon the following:

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\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

SWORN TO (or affirmed) and subscribed before me this day by: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Official Signature of Notary Public

Notary's printed or typed name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
**Submit the completed sworn complaint to:**  
**State Ethics Commission**  
**P.O. Box 27685**  
**Raleigh, NC 27611**