



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 Act. Please see section 138A-12 of the 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.

CONTACT INFORMATION

(Please Type or Print clearly)

The Ethics Act requires that a complaint contain the name, address, and telephone number of the person filing the complaint. The Commission cannot accept anonymous complaints.

Printed Name: _____

Address: _____

(City)

Telephone No: (_____) _____

(State)

(Zip)

NATURE OF THE COMPLAINT

The Ethics Commission does **NOT** have jurisdiction over all public officials or state employees. G.S. 138A applies to legislators, legislative employees, public servants, and judicial officers. Please refer to G.S. 138A-3(30) for a list of those State employees included in the category of "public servants." Also, 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: _____

Job Title or Appointive Position of the person against whom this complaint is filed:

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 Chapter 138A (the Ethics Act) *or* Chapter 120 (the Legislative Ethics Act) of the North Carolina General Statutes has occurred. Please provide as much detail as possible and attach any documentation you have that supports your claim. ***Attach additional pages if needed.***

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

5. State whether the individuals and conduct complained of have been the subject of a prior complaint or proceeding of any kind. If so, state the place where the prior complaint was filed and its current status.

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: _____

(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