



MISSISSIPPI ETHICS COMMISSION

Post Office Box 22746
Jackson, MS 39225-2746
TELEPHONE (601) 359-1285
EMAIL info@ethics.state.ms.us

Case No. _____

ETHICS IN GOVERNMENT COMPLAINT

PLEASE READ THE FOLLOWING STATEMENTS BEFORE COMPLETING THIS FORM:

- To prompt an investigation, this complaint must be sworn and must allege a violation of law by a public servant.
- This complaint is confidential, and it is a crime to violate that confidentiality or to file a false complaint.
- The Ethics Commission is required by law to send a copy of this complaint to the Respondent.

I. PERSON MAKING COMPLAINT (Complainant):

Name: _____
(Last) (First) (Middle)

Address: _____
(Street No., Route) (City) (State) (Zip Code)

Telephone No.: _____
(Area Code, Prefix, Number)

II. PERSON AGAINST WHOM COMPLAINT IS MADE (Respondent):

Name: _____
(Last) (First) (Middle)

Address: _____
(Street No., Route) (City) (State) (Zip Code)

Title or Position in Government: _____

III. ALLEGATIONS AND STATEMENT OF FACTS:

In your own words, please provide a description of the violations of law which you believe have occurred. The description should include any details relating to it, such as names, dates, places, and amounts of money, where possible and where applicable.

IV. I have read the statements above, and having understood them, I do certify that the statements, matters and allegations set forth in the above and foregoing complaint are true and correct to the best of my knowledge, information and belief and are made of my own free will.

(Date)

(Complainant's Signature)

V. Subscribed and sworn to before me by the said complainant, this _____ day of _____, 20_____, to certify which witness my hand and seal of office.

(Seal)

(Signature of Judge or Notary Public)