

SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

An individual must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. The complainant is required to attach to the complaint a copy of one of the following documents:

- complainant's driver's license or personal identification certificate issued under Chapter 521 of the Transportation Code, or commercial driver's license issued under Chapter 522 of the Transportation Code; or
- a utility bill, bank statement, government check, paycheck or other government document that shows the name and address of the complainant and is dated not more than 30 days before the date on which the complaint is filed.

Effective September 1, 2009, an individual may also be eligible to file a sworn complaint with the Texas Ethics Commission if the individual owns real property in the state of Texas. Under this provision, the complainant will be required to attach to the complaint a copy of a property tax bill, notice of appraised value, or other government document that shows the name of the complainant, shows the address of the real property in Texas, and identifies the complainant as the owner of the real property.

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

I. IDENTITY OF COMPLAINANT

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> (check if same as above)	(Full home or business address, including street, city, state, and zip code)		
4 COMPLAINANT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	5 COMPLAINANT E-MAIL ADDRESS		

II. IDENTITY OF RESPONDENT

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 RESPONDENT POSITION OR TITLE			
8 RESPONDENT PHYSICAL ADDRESS	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
(Full home or business address, including street, city, state, and zip code)			
9 RESPONDENT MAILING ADDRESS	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> (check if same as above)	(Full home or business address, including street, city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER	AREA CODE	PHONE NUMBER	EXT
	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)		

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IV. STATEMENT OF FACTS

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State the facts constituting the alleged violation(s), including the dates on which or the period of time in which the alleged violation(s) occurred. Identify allegations of fact not personally known to the complainant, but alleged on information and belief. Please use simple, concise, and direct statements.

Large empty rectangular area for writing the statement of facts.

ATTACH ADDITIONAL PAGES AS NEEDED

VI. AFFIDAVIT

BASED ON PERSONAL KNOWLEDGE

(Execute this affidavit if the acts alleged are within your direct personal knowledge.)

I, _____, complainant,
swear that I am a resident of the state of Texas. I swear that I have knowledge of the
facts alleged in this complaint and that the information contained in this complaint is
true and correct.

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of
_____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

VII. AFFIDAVIT

BASED ON INFORMATION AND BELIEF

(Execute this affidavit if the acts alleged are not within your direct personal knowledge, but are based on reasonable belief.)

I, _____, complainant,
swear that I am a resident of the state of Texas. I swear that I have reason to believe
and do believe that the violation alleged in this complaint has occurred. The source
of my information and belief is

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of
_____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

A COMPLAINT WILL BE DISMISSED IF A COPY OF ONE OF THE FOLLOWING DOCUMENTS IS NOT ATTACHED AS PROOF OF TEXAS RESIDENCY.

Please check one of the boxes below to indicate the copy of the document you have attached to the complaint:

Texas driver's license

personal identification certificate
(issued under Chapter 521 of the Transportation Code)

commercial driver's license
(issued under Chapter 522 of the Transportation Code)

utility bill *

bank statement *

government check *

paycheck *

other government document *

* with name and address of complainant and dated not more than 30 days before the date on which the complaint is filed *

**WAIVER OF NOTICE BY CERTIFIED MAIL REQUIREMENT
FOR COMPLAINANT**

I waive the requirement that written notices addressed to me concerning any pending sworn complaint be sent by registered or certified mail, restricted delivery, return receipt requested.

I understand that I may withdraw this waiver by written notice to the executive director of the Ethics Commission.

I further understand that unless the commission's staff and I agree on an alternate means, the commission will send all written notices to me by email to the email address I provided on the sworn complaint form or to a different email address provided by me to the commission staff, or by first class mail.

I also understand that the commission retains the right to mail any notices to me by a more restrictive means than first class mail or email if the commission in its discretion determines it is warranted.

Print Name

Alternate Email Address for Notices (optional)

Signature

Date