

# North Dakota Ethics Commission

## COMPLAINT FORM

Case No. \_\_\_\_\_  
(Assigned by Commission)

### Before filling out this form, please read the following:

- The Commission can only consider complaints against a lobbyist, public official, candidate for statewide public office including legislative assembly, an elected or appointed official of the state's executive or legislative branch, members of the ethics commission, members of the governor's cabinet, or employees of the legislative branch.
- **If you submit a complaint on this form your name will be provided to the respondent/accused. If you wish to remain confidential call the Ethics Confidential Hotline at (701) 328-6000 or email [EthicsHotline@nd.gov](mailto:EthicsHotline@nd.gov).**
- We have no authority to investigate personnel matters or matters for which other remedies exist. These include grievances, appointments, promotions, reprimands, suspensions, dismissals, harassment, and discrimination.
- We have no authority over city or county officials, employees of the state's executive branch or members of the state's judicial branch.
- Submit this form by mail or e-mail to one of the addresses listed below.

Please return this completed form to:

North Dakota Ethics Commission  
101 Slate Dr, Suite #4  
Bismarck, ND 58503

Or via email to: [EthicsCommission@nd.gov](mailto:EthicsCommission@nd.gov)

If you have questions about this form or would like to request the form in an alternate format, contact the Ethics Commission at (701) 328-5325 or write us at the above address. We will take reasonable steps to accommodate your needs.

### Your contact information:

You are strongly encouraged to provide your name, address and contact information. If you do not provide that information the Commission's ability to investigate and follow-up will be greatly impaired. If you choose not to provide your name, we are unable to keep you updated on the progress of our investigation, or to consult with you regarding the details of your complaint if it is approved for investigation.

### Your Contact Information

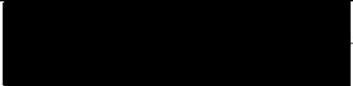
Type or print clearly

Your name: Tyler Axness

Address: 

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Email: tyler.axness@mwradio.com

Telephone(s): 

# North Dakota Ethics Commission

## COMPLAINT FORM

Please file a separate complaint for each individual you complain against. Attach additional pages as necessary.

1. Who is this complaint against? Name, job title or position.

Rep. Jason Dockter

2. Date(s) the alleged violation(s):

Prior to Feb- 2022

3. How has this person violated governmental conduct governed by law, ethics provisions, or campaign laws? You must provide evidence that demonstrates a reasonable belief that a violation has occurred or is occurring. Speculation is not evidence and will not be considered. Describe fully. Be specific and provide as much detail as possible. Attach any documentation that supports your claim.

It appears Rep. Dockter used his close ties to the Attorney General Wayne Stenehjem to lease a building he hadn't owned to the Attorney General's office. That building was not properly suited for the needs of the Attorney General, and renovations were done. The overrun in expenses was not approved through the appropriations process. The contract work was done by businesses involving Rep. Dockter

# North Dakota Ethics Commission COMPLAINT FORM

4. If you can, please indicate which law, rule or other legal requirement you believe has been violated.

48-01.2-15

48-01.2-07

48-01.2-25

54-17.2-13

5. Provide the names and contact information for anyone else who may have information regarding this complaint.

Liz Brocker

Troy Seibel

6. Has the conduct you describe above been the subject of a prior complaint? If yes, please explain.

I believe others have submitted similar complaints on this situation.

7. Is there anything else the Ethics Commission should know about this complaint?


Emails may provide more detail if they can be retrieved from IT after being deleted from the Attorney General's office.

# North Dakota Ethics Commission

## COMPLAINT FORM

---

I certify that the information provided in this complaint is true, correct, complete, and of my own personal knowledge. I will fully cooperate in the process regarding this complaint.

  
(Signature)

Date: 9/30/2022