

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.
- 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
600 E Boulevard Ave, Dept 195
Bismarck, ND 58505
EthicsCommission@nd.gov**

Or via email to:

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: _____

Address: _____

City/Town: _____

State: _____ Zip: _____ Email: _____

Telephone(s): _____

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

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

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

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

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

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8. Under Section 54-66-05(3) of the North Dakota Century Code, the Ethics Commission may not release your name or address to the accused individual without your authorization. We ask that you indicate whether you authorize the Ethics Commission to release your name and address to the accused individual.

You should know that if you choose to keep your name and address confidential from the accused individual, any statement(s) in your complaint may not be used as evidence of a violation.

Please check your response for request for confidentiality below:

I wish my name and address to remain confidential at this time:

I do not wish my name and address to remain confidential at this time:

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.

_____ Date: _____
(Signature)