

# 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  
600 E Boulevard Ave, Dept 195  
Bismarck, ND 58505**

**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: \_\_\_\_\_

Address: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone(s): \_\_\_\_\_





