

# SWORN COMPLAINT BEFORE THE TEXAS ETHICS COMMISSION

Section 571.122 of the Government Code requires that a sworn complaint be filed on a form prescribed by the Texas Ethics Commission and include specific information.

- You must complete a separate sworn complaint form for each respondent.
- You must allege a violation of a law that is within the Texas Ethics Commission's jurisdiction, listed on p. 2. More information and instructions for this form can be found at <https://www.ethics.state.tx.us/tec/sworn.html>.
- A person filing a frivolous or bad faith complaint may be subject to a civil penalty.

## OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

***Please completely fill out this form.  
Failure to complete this form properly will cause your  
complaint to be noncompliant and returned.***

## I. IDENTITY OF COMPLAINANT

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

## II. IDENTITY OF RESPONDENT

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

**GO TO PAGE 2**



### IV. STATEMENT OF FACTS

You must 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 you, but alleged on information and belief. Use simple, concise, and direct statements. You must state facts that, if true, would constitute a violation of a law within the Commission's jurisdiction and allege facts to sufficiently indicate the manner and means by which each alleged violation occurred.

*Please completely fill out this form.  
Failure to complete this form properly will cause your complaint to be noncompliant and returned.*


ATTACH ADDITIONAL PAGES AS NEEDED

**V. LISTING OF DOCUMENTS AND OTHER MATERIALS**

You must list all documents and other materials filed with this complaint. Additionally, list all other documents and other materials that are relevant to this complaint and that are within your knowledge, including their location, if known. Relevant documents that are available to you or in your possession must be included.

*Please completely fill out this form.  
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**ATTACH ADDITIONAL PAGES AS NEEDED**

**VI. AFFIDAVIT BASED ON PERSONAL KNOWLEDGE**

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

*Please completely fill out this form.*

**Failure to complete this form properly will cause your complaint to be noncompliant and returned.**

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. I declare under penalty of perjury that the foregoing is true and correct and that the information contained in this complaint is true and correct.

\_\_\_\_\_  
Signature of Complainant (Declarant)

**In addition to the portion above, please also complete EITHER the Notary section OR the Unsworn Declaration section below.**

**NOTARY SECTION**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_ (Complainant), 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

**OR**

**UNSWORN DECLARATION SECTION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Complainant (Declarant)

**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.)

**Please completely fill out this form.  
Failure to complete this form properly will cause your complaint to be noncompliant and returned.**

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 (state below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant (Declarant)

**In addition to the portion above, please also complete EITHER the Notary section OR the Unsworn Declaration section below.**

**NOTARY SECTION**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_ (Complainant) \_\_\_\_\_, 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

**OR**

**UNSWORN DECLARATION SECTION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Complainant (Declarant)

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**You must be a resident of the state of Texas to be eligible to file a sworn complaint with the Texas Ethics Commission. You are 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.

You may also be eligible to file a sworn complaint with the Texas Ethics Commission if you own real property in the state of Texas. Under this provision, you are required to attach to the complaint a copy of a property tax bill, notice of appraised value, or other government document that shows your name and the address of your real property in Texas, and identifies you as the owner of the real property.

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**A COMPLAINT WILL BE RETURNED IF A COPY OF ONE OF THE FOLLOWING DOCUMENTS IS NOT ATTACHED AS PROOF OF TEXAS RESIDENCY OR OWNERSHIP OF REAL PROPERTY IN TEXAS.**

Please check one of the boxes below to indicate the type of 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 \*
- property tax bill, notice of appraised value, or other government document that shows your name and the address of your real property in Texas, and identifies you as the owner of the real property.

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

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***You may submit the completed form by: (1) mail to P.O. Box 12070, Austin, Texas 78711, (2) hand delivery to 201 E. 14th Street, Sam Houston Building, 10th Floor, Austin, Texas 78701, or (3) email to [sworncomplaints@ethics.state.tx.us](mailto:sworncomplaints@ethics.state.tx.us). Please submit only completed and final forms with all supporting documents and the affidavit notarized. Complaints received after 5:00 p.m. will be processed the next business day.***

# TEXAS ETHICS COMMISSION

## Mailing Requirement

(Government Code § 571.032)

I allow the Commission to send written notices by a less restrictive means than registered or certified mail, and I also allow the Commission to send me notices and other correspondence regarding the sworn complaint by email to:

\_\_\_\_\_ (Email Address).

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Date)