

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.

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.

Please completely fill out this form. 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) Fax to 512-463-5777 (mail or hand delivery are preferred). Failure to complete this form properly will cause your complaint to be noncompliant and rejected.

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

I. IDENTITY OF COMPLAINANT

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

II. IDENTITY OF RESPONDENT

6 RESPONDENT NAME (REQUIRED)	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 RESPONDENT POSITION OR TITLE (REQUIRED)			
8 RESPONDENT PHYSICAL ADDRESS (REQUIRED)	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 street or mailing address, including city, state, and zip code)		
10 RESPONDENT TELEPHONE NUMBER (REQUIRED)	AREA CODE	PHONE NUMBER	EXT
			11 RESPONDENT E-MAIL ADDRESS (REQUIRED IF KNOWN)

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V. LISTING OF DOCUMENTS AND OTHER MATERIALS

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.

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

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 rejected.

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
(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

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
(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

A COMPLAINT WILL BE DISMISSED 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 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 *

- property tax bill, notice of appraised value, or other government document that shows the name of the complainant, shows the address of real property in Texas, and identifies the complainant as the owner of the real property.

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

Initial notices of a complaint must be sent to the complainant and respondent by certified mail. If you wish to waive that requirement, please fill out the following waiver form:

WAIVER OF NOTICE BY CERTIFIED MAIL REQUIREMENT

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 the commission will send all written notices to me by first class mail unless the commission's staff and I agree on an alternative means.

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

Print Name

Alternate Email Address for Notices (optional)

Signature

Date