

Official Use Only: Date Received:

## VERMONT STATE ETHICS COMMISSION COMPLAINT FORM

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The Vermont State Ethics Commission has authority to accept, review, refer, and track complaints regarding alleged violations of governmental conduct regulated by law, the Department of Human Resources Code of Ethics, and the State's campaign finance law set forth in 17 V.S.A. Ch. 61. 3 V.S.A. § 1221(a).

Anonymous complaints cannot be accepted. 3 V.S.A. § 1223(a)(2).

## **Your Contact Information**

Type or print clearly

Your r	name:			
Addres	ss:			
City/To	own:			
State:		Zip:	Email:	
Teleph	ione(s):			
Please	file a separate	complaint for each	h individual you complain agains	t. Attach additional pages as necessary
1.	Who is this co	omplaint against? N	Name, job title or position.	
2.	Date(s) the al	leged violation(s):   .		

3.	How has this person violated governmental conduct governed by law, ethics provisions, or campaign laws?  Describe fully. Be specific and provide as much detail as possible. Attach any documentation that supports you claim.

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 complain
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?
knowl	I certify that the information provided in this complaint is true, correct, complete, and of my own personal edge. I will fully cooperate in the process regarding this complaint.
 (Signa	Date: ture)
	Submit to:
	ethicscommission@vermont.gov Enter "Complaint" in subject line
	or USPS mail to:  Vermont State Ethics Commission  6 Baldwin Street  Montpelier, VT 05633-7950

Revised December 2021