

SWORN COMPLAINT BEFORE THE MONTGOMERY COUNTY ETHICS COMMITTEE

An individual must be at least 18 years of age to be eligible to submit a sworn complaint to the Montgomery County Ethics Committee, c/o the Montgomery County Attorney. Complaints must be sworn to and signed in front of a Notary Public or other Authorized Official.

A complaint must be submitted within 60 calendar days of the date the alleged conduct is discovered. If the 60th day falls on a day the county is not open for business, the complaint may be filed by the end of the next county business day.

A complaint is considered submitted on the date it is received by the County Attorney.

Check the box that applies: Original Complaint
 Amended Complaint
 Supplemental Complaint

OFFICE USE ONLY

Docket Number

Date Hand-delivered or Date Postmarked

I. IDENTITY OF PERSON MAKING COMPLAINT (COMPLAINANT)

1 COMPLAINANT NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
2 COMPLAINANT PHYSICAL ADDRESS (Optional)	ADDRESS	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
(Full home or business address, including street, city, state, and zip code)			
3 COMPLAINANT MAILING ADDRESS	ADDRESS	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
(Full home or business address, including street, city, state, and zip code)			
4 COMPLAINANT TELEPHONE NUMBER (Optional if e-mail address provided)	AREA CODE	PHONE NUMBER	EXT
	5 COMPLAINANT E-MAIL ADDRESS		

II. IDENTITY OF PERSON COMPLAINED ABOUT (RESPONDENT)

6 RESPONDENT NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 RESPONDENT POSITION OR TITLE			
8 RESPONDENT BUSINESS ADDRESS (IF KNOWN)	ADDRESS	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
9 RESPONDENT MAILING ADDRESS	ADDRESS	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
(Full home or business address, including street, city, state, and zip code)			
10 RESPONDENT TELEPHONE NUMBER (IF KNOWN)	AREA CODE	PHONE NUMBER	EXT
	11 RESPONDENT E-MAIL ADDRESS (IF KNOWN)		

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VI. LISTING OF WITNESSES

List all witnesses who may have information relevant to your complaint. Identify the information they have and provide the witness's current contact information, if known.

1 WITNESS NAME:	MS / MRS / MR:	FIRST:	MI:
	NICKNAME:	LAST:	SUFFIX:
2 WITNESS HOME OR BUSINESS PHYSICAL ADDRESS: (Optional)	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
3 WITNESS HOME OR BUSINESS MAILING ADDRESS: (Optional) <input type="checkbox"/> (check if same as above)	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
4 WITNESS TELEPHONE NUMBER: (Optional if e-mail address provided)	AREA CODE	PHONE NUMBER	EXT
	5 WITNESS E-MAIL ADDRESS:		
6 Information Witness May Provide:			
1 WITNESS NAME:	MS / MRS / MR:	FIRST:	MI:
	NICKNAME:	LAST:	SUFFIX:
2 WITNESS HOME OR BUSINESS PHYSICAL ADDRESS: (Optional)	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
3 WITNESS HOME OR BUSINESS MAILING ADDRESS: (Optional) <input type="checkbox"/> (check if same as above)	ADDRESS	APT / SUITE #;	CITY; STATE; ZIP CODE
4 WITNESS TELEPHONE NUMBER: (Optional if e-mail address provided)	AREA CODE	PHONE NUMBER	EXT
	5 WITNESS E-MAIL ADDRESS:		
6 Information Witness May Provide:			

ATTACH ADDITIONAL PAGES AS NEEDED

**VII. AFFIDAVIT
BASED ON PERSONAL KNOWLEDGE**

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

I, _____, complainant,
swear that I am at least 18 years of age. I swear that I am submitting this
complaint in good faith and not to harass, annoy or embarrass. I swear that I have
personal knowledge of the facts alleged in this complaint and that the
information contained in this complaint is true and correct to the best of my
knowledge.

Signature of Complainant

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of
_____, 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