



**COMPLAINT**

**1. Complainant:**

**Name:** \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

**Address:** \_\_\_\_\_  
(Home or Work)  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_  
(Home or Work)

**2. Respondent(s):**

\_\_\_\_\_  
(Name) (Address or Telephone, if known) (County position held)

\_\_\_\_\_  
(Name) (Address or Telephone, if known) (County position held)

**3. Complainant believes that the acts described below constitute a violation or violations of the Public Ethics Law (use additional paper as needed):**

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

**4. Complainant believes that the above-described acts constitute a violation or violations of the following sections of the Public Ethics Law (if known):**

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**5. In support of the allegations set forth in paragraphs 3 and 4 above, Complainant attaches the following documents, or in the absence of those documents, describes them as follows (use additional paper as necessary):**

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**OATH AND SIGNATURE**

**I solemnly swear or affirm under the penalties of perjury that the contents of this Complaint, including any attachments thereto, are complete, true and correct based on my personal knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

**REQUIREMENT OF CONFIDENTIALITY**

**I acknowledge and agree that upon the filing of a complaint with the Anne Arundel County Ethics Commission and pursuant to Article 7-4-106, I may not disclose any information relating to the complaint, including the identities of the parties. I further acknowledge that if I violate the confidentiality provisions above-cited, the ethics commission may dismiss the Complaint.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant