

ARKANSAS ETHICS COMMISSION
Post Office Box 1917
LITTLE ROCK, AR 72203
Phone (501) 324-9600 Toll Free (800) 422-7773

CITIZEN COMPLAINT FORM

The undersigned person files this complaint and requests that the Arkansas Ethics Commission conduct an investigation concerning the facts and actions detailed below for the purpose of determining whether or not there has been a violation of laws under the Commission's jurisdiction.

1. Identify the person you are complaining about:

Name: _____ Position or Title: _____

Address: _____ Phone: (Home) _____

_____ (Work) _____

2. State in your own words the *detailed* facts and the actions of the person named in section 1 which prompted you to make this complaint. The brief space provided below is not intended to limit your statement of facts. Please use the back of this form or additional sheets if necessary. Include relevant dates, times, and the names, and addresses of other persons whom you believe have knowledge of the facts.

3. Attach or make reference to any documents, materials, minutes, resolutions or other evidence which support your allegations.

State of Arkansas
County of _____

I swear or affirm, under penalty of perjury, that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief.

Subscribed and sworn before me this
____ day of _____, 20____.

Signature: _____

Print your name: _____

Notary Signature:

Mailing address: _____

My Commission Expires: _____

Phone:(Home) _____(Work) _____