



FORMAL COMPLAINT FORM

Please type or print legibly, and attach additional pages, if necessary.

In order for the Ethics Commission to treat this form as a Formal Complaint, you must identify yourself, complete every section, and sign the form under penalty of perjury. The Commission will consider anonymous complaints as well as complaints without all required information, but such complaints will be treated as an Informal Complaints pursuant to San Diego Municipal Code section 26.0421(b)(1).

Please note that the Commission has no authority to commence an investigation with regard to violations that occurred more than three years ago; violations by classified City employees; or violations outside the scope of the City's Election Campaign Control Ordinance, Lobbying Ordinance, or Ethics Ordinance.

Name of Complainant _____

Address _____

Home Phone (____) _____ **Work Phone** (____) _____

Respondent Information. Provide the name, title, department, business address, and telephone number of each person who committed the alleged violation(s).

Type of Allegation(s). Check the appropriate box(es) below indicating the type of allegation(s) stated in this complaint.

- Violation of San Diego Election Campaign Control Ordinance**
(SDMC section 27.2901 - 27.2991)
- Violation of San Diego Lobbying Ordinance**
(SDMC section 27.4001 - 27.4055)
- Violation of San Diego Ethics Ordinance**
(SDMC section 27.3501 - 27.3595)

Complaints alleging that a City officer or employee engaged in misconduct that violates a law, policy, or regulation outside the jurisdiction of the Ethics Commission (e.g., fraud) may be forwarded to the appropriate agency for review and possible discipline.

Additional Information. Provide any additional information that you believe may assist the Ethics Commission in its evaluation of this complaint.

Related Complaints. Have you made the same or similar allegations to another agency or court? If so, identify the agency or court and attach a copy of any complaint or other written description of the allegations submitted to that agency or court.

VERIFICATION*

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Executed _____ at _____
(date) (city and state)

(signature) (print name)

*Complaints need not be verified. Please note, however, that the Commission is not required to process or respond to unverified complaints.

Completed form should be submitted to:

**San Diego Ethics Commission
1010 Second Avenue, Suite 1530
San Diego, CA 92101**