



# Ethics Commission

## FORMAL Complaint Form

Note: the Ethics Commission's jurisdiction is limited to violations of the City's campaign finance laws, lobbying laws, and laws relating to City Officials' financial conflicts and disclosure obligations. Complaints involving other matters will not be investigated by the Commission. For more information regarding filing complaints and a discussion of the laws and persons over whom the Commission has jurisdiction, please visit the Commission's website at [www.sandiego.gov/ethics/faqs/jurisdiction](http://www.sandiego.gov/ethics/faqs/jurisdiction).

<b>Your Name:</b> _____			
	(First Name)		(Last Name)
<b>Address:</b> _____			
	(Street Address)	(City)	(State) (Zip)
<b>Telephone Number:</b> _____		<b>E-mail Address:</b> _____	

**Respondent Information.** In the box below, 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 below to indicate which set of laws you believe were violated by the Respondent(s).

- San Diego Election Campaign Control Ordinance**  
(SDMC section 27.2901 - 27.2991)
- San Diego Lobbying Ordinance**  
(SDMC section 27.4001 – 27.4055)
- San Diego Ethics Ordinance** (i.e., laws concerning financial disclosures and conflicts of interest)  
(SDMC section 27.3501 - 27.3595)

**Description of Facts.** Describe the facts constituting the alleged violation(s). Be as specific as possible, and include exact or approximate dates.

**Witness Information.** Provide the name, address, and telephone number of each person you believe may have information that would assist the Commission in its evaluation of this complaint. Also, describe the information that you believe each of the persons listed can provide to support the allegations stated in this complaint.

**Documentation.** Please attach copies of any documents in your possession that relate to the allegations stated in this complaint. In addition, state below whether there are other records, not in your possession, that you believe may assist the Commission in its evaluation of your complaint.

**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) (State)

\_\_\_\_\_  
(Sign Your Name)

Unsigned forms will be treated as an informal complaint. Mail or deliver the completed form to the Ethics Commission, 451 A Street, Suite 1410, San Diego, CA 92101.