

Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, KY 40601
Phone (502) 573-2863 Fax (502) 573-2929

COMPLAINT

The Legislative Ethics Commission investigates complaints alleging violations of the Code of Legislative Ethics upon receipt of a written, sworn complaint filed in accordance with KRS 6.686(1). Please type or print your complaint legibly in black or blue ink. Please file your complaint with an original notarized signature. The commission will not accept a copy of your signature.

1. Your Name: _____
 Your Address: _____
 Your Telephone Number: _____

2. Name and address (if known) of person(s) who you believe may have violated the Code of Legislative Ethics: _____

3. Nature of violation (if possible, state the law which you believe may have been violated): _____

4. Explain why you believe the law may have been violated. State the facts and approximate dates in support of the allegations. Please be simple, concise, and direct. Attach additional sheets if necessary.

(Continued on next page)

The person you are filing the complaint against will receive a copy of your complaint and will be given an opportunity to file a response to the allegations pursuant to KRS 6.686.

I, _____, being duly sworn, swear or affirm that I have knowledge of the facts alleged in this Complaint and that the information contained herein is true and correct.

Signature of Complainant

Sworn, subscribed, and acknowledged before me by _____

_____ this the _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____.