



Missouri Ethics Commission (MEC)
 PO Box 1370, Jefferson City, MO 65102, (800) 392-8660 www.mec.mo.gov
Official Complaint Form (Sections 105.957 & 130.054, RSMo, & MO Const.)

Office Use:

THIS FORM MUST BE RETURNED BY MAIL OR HAND-DELIVERED
 FAXED COPIES OR EMAILS WILL NOT BE ACCEPTED

INDIVIDUAL BRINGING COMPLAINT: (must be a natural person)			
DATE OF COMPLAINT:	NAME: (First & Last)	TITLE OF OFFICE HELD OR SOUGHT (if applicable):	
ADDRESS: (required)		EMAIL:	
CITY, STATE & ZIP: (required)			COUNTY:
WORK PHONE: ()	HOME PHONE: ()	CELL PHONE: ()	

The Commission will send a copy of this complaint, which includes the name of the person bringing the complaint, to the organization(s), committee(s), or individual(s) against whom the complaint is brought.

INDIVIDUAL(S) AND/OR ORGANIZATION(S) OR COMMITTEE(S) AGAINST WHOM COMPLAINT BROUGHT: <small>(Please limit filing to those individuals and/or entities against whom the specific complaint is alleged. File separate complaints if alleging violations of a similar nature against separate and distinct individuals/organizations/committees/entities. Use additional pages if necessary.)</small>			
NAME:	TITLE OF OFFICE HELD OR SOUGHT (if applicable):		
ADDRESS: (required)	EMAIL:		
CITY, STATE & ZIP: (required)	COUNTY:	DATE OF ELECTION: (if applicable)	
WORK PHONE: ()	HOME PHONE: ()	CELL PHONE: ()	

NAME:	TITLE OF OFFICE HELD OR SOUGHT (if applicable):		
ADDRESS: (required)	EMAIL:		
CITY, STATE & ZIP: (required)	COUNTY:	DATE OF ELECTION: (if applicable)	
WORK PHONE: ()	HOME PHONE: ()	CELL PHONE: ()	

VERIFICATION BY OATH OR AFFIRMATION	
This complaint shall be sworn to under penalty of perjury.	
STATE OF MISSOURI	
COUNTY OF _____	
I, _____ being duly sworn upon oath and affirmation legally administered,	
(Complainant Name)	
certify under penalty of perjury that the information contained in this complaint is complete, true, and correct, to the best of my knowledge and belief.	

Complainant Signature	
Subscribed and sworn to before me this _____ day of _____, _____.	
My Commission Expires: _____	NOTARY STAMP

Notary Public Signature	

Please check one or more boxes next to the area(s) which you believe this complaint concerns:

- 1) The requirements imposed on lobbyists contained in Sections 105.470 to 105.478, RSMo;
- 2) The financial interest disclosure requirements contained in Sections 105.483 to 105.492, RSMo;
- 3) The campaign finance disclosure requirements contained in Chapter 130, RSMo and the Missouri Constitution;
- 4) Article VIII, Section 23, of the Missouri Constitution (complaints relating to campaign finance can only be filed against a candidate within 60 days prior to the primary election until after the general election in which the candidate is running but not within the 15 days prior to the election);
- 5) The conflict of interest laws contained in Sections 105.450 to 105.467, RSMo, and Section 171.181, RSMo;
- 6) Any code of conduct promulgated by any department, division or agency of state government, or by state institutions of higher education, or by executive order;
- 7) The provisions of the Constitution or state statute or order, ordinance or resolution of any political subdivision relating to the official conduct of officials or employees of the state and political subdivisions.

State in your own words the facts and actions which prompted you to make this complaint.
Attach any documents that support this complaint. Include relevant dates, times, and the names and
contact information of other persons whom you believe have knowledge of the facts.

- NO Are any of the matters alleged by you the subject of civil or criminal litigation?
- YES If yes, please provide the county, _____ and case number, _____ if known.

The space provided below is not intended to limit your statement of facts. Please use additional pages if necessary.
