



OKLAHOMA ETHICS COMMISSION

COMPLAINT COVER SHEET

DIRECTIONS: Complete and submit this cover sheet with a potential complaint. The coversheet will be a part of the confidential records of the Commission. Submit the form with the potential Complaint by email to ethics@ethics.ok.gov with subject "Complaint" or to 2300 N. Lincoln Boulevard, G-27, Oklahoma City, OK 73105.

1. Does this Complaint involve a candidate?

NO: Go to section 2.

YES: Review the "blackout period" information below before filling out this coversheet to ensure the Complaint can be accepted by the Commission at this time.

"Blackout Period": The Commission is prohibited from accepting external Complaints against a candidate or candidate committee from the first day of candidate filing through the General Election. Complaints may be accepted by the Commission against candidates any other time. For a Regular Election, the Blackout Period is between the 2nd Wednesday in April through the General Election date in November.

Commission Use Only
Internal Complaint
Received by:
Date Received
Complaint Number

2. External Complaints must: (1) cite the Ethics Rule(s) alleged to have been violated, (2) describe in detail the facts alleged to have caused a violation the Rule(s), including the names of any individual/entity involved in the alleged violation, and (3) include a certification the filer has personal knowledge of the facts alleged. **Anonymous complaints will not be accepted for filing.**

3. FILER INFORMATION: Information for the individual filing the Complaint. **Required.**

Name:	Filer's Last Name	First Name	Middle Initial (optional)			
Address:	Filer's Full Street Address			City	State	Zip Code
Contact information	Phone number 1	Phone Number 2	Filer's E-mail Address			

4. RESPONDENT(S) INFORMATION: Fill in as many fields as possible for the person/entity who allegedly violated one or more Ethics Rules. For committee Respondent(s), include the committee # (if known) in the "Name" field. For multiple respondents, include one name below and the remainder in the attached Complaint.

Name						
Address (if known):	Respondent Street Address			City	State	Zip Code
Contact Information (if known)	Phone number 1	Phone Number 2	Respondent E-mail Address			

5. RULE(S) INVOLVED: Indicate the Rules/Laws alleged to have been violated (select all that apply):

Ethics Rule 2: Campaign Finance

Ethics Rule 4: Conflicts of Interest

Ethics Rule 3: Financial Disclosure

Ethics Rule 5: Lobbying

If this complaint involves a political subdivision, indicate which type of political subdivision is involved:

County

Municipality

Independent School / Technology Center District

6. External Complaints. I certify I am the Filer named in item #3 above and understand Ethics Rule 6.3 establishes the criteria for filing complaints including the consequences for filing knowingly false or frivolous complaints.

Filer's Signature

Date Signed