

**STATE OF SOUTH CAROLINA
STATE ETHICS COMMISSION**

**FOR COMMISSION USE ONLY:
CASE NUMBER**

COMPLAINT FORM

C _____

**COMPLAINANT:
ADDRESS:
TELEPHONE NUMBER:
TITLE:**

**RESPONDENT:
ADDRESS:
TELEPHONE NUMBER:
TITLE:**

Set forth in detail specific facts upon which you based your complaint against above-named respondent (only detailed, clear factual allegations will be considered. If additional space is needed, attach supplemental sheets).

If there is a finding of probable cause, the following documents become public record: the complaint, the response (if any) by respondent, and the notice of hearing. If a hearing is to be held, the final order and all exhibits become public record. If no hearing is held following a finding of probable cause, the final disposition of the matter becomes public record.

STATE OF SOUTH CAROLINA

COUNTY OF _____

Personally appeared before me _____ who, first being duly sworn, says that he/she has read and knows the contents of the above complaint and that the allegations contained therein, are true and correct to the best of his/her own knowledge, except for those matters therein based upon information and belief, and as to those he/she believes them to be true.

Sworn to and subscribed before me this
_____ day of _____, _____

Complainant Signature

Notary Public for South Carolina
My Commission expires _____

SEC-7 (Revised 3/2022)

**REPLY TO: 201 Executive Center Drive, Suite 150, Columbia, South Carolina 29210 (803)253-4192
ELECTRONIC COPIES WILL NOT BE ACCEPTED**

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