

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).

All investigations, inquiries, hearings, and accompanying documents must remain confidential until a finding of probable cause or dismissal unless the respondent waives the right to confidentiality. The willful release of confidential information is a misdemeanor, and any person releasing such confidential information, upon conviction, must be fined not more than one thousand dollars (\$1,000) or imprisoned not more than one year. Section 8-13-320(10)(g).

STATE OF SOUTH CAROLINA
COUNTY OF Richland

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 _____, _____

Notary Public for South Carolina
My Commission expires _____

SEC-7 (Revised 2/2018)

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

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