

SWORN COMPLAINT FORM
(Form May Be Subject to Public Disclosure)*

AS REQUIRED BY GOVERNMENT CODE SECTION 83115, please complete the form below to file a sworn complaint with the Fair Political Practices Commission.

Mail the complaint to: **Enforcement Division**
 Fair Political Practices Commission
 428 J Street, Suite 620
 Sacramento, CA 95814

NOTE: *The Fair Political Practices Commission does not enforce or address violations of the Brown Act, the content of campaign communications, residency requirements, the inappropriate use of public funds or resources (including use of uniforms or equipment), placement of campaign signs or materials on public property, or violation of a local campaign rule or campaign ordinance.*

Person Making Complaint

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

***IMPORTANT NOTICE**

Under the California Public Records Act (Gov. Code Section 6250 and following), this sworn complaint and your identity as the complainant may be subject to public disclosure. Unless the Chief of Enforcement deems otherwise, within three business days of receiving your sworn complaint we will send a copy of it to the person(s) you allege violated the law.

In some circumstances, the FPPC may claim your identity is confidential, and therefore not subject to disclosure. A court of law could ultimately make the determination of confidentiality. If you wish the FPPC to consider your identity confidential, do not file the complaint before you contact the FPPC to discuss the complaint at (916) 322-5660 or toll free at (866) 275-3772.

Person(s) Who Allegedly Violated the Political Reform Act: (If there are multiple parties involved, attach additional pages as necessary.)

Last Name: _____

First Name: _____

Committee Name: _____
(only if applicable)

Street Address:

City: _____ State: _____ Zip: _____

Telephone: (____) ____-_____

Fax: (____) ____-_____

E-mail: _____

Describe, With as Much Particularity as Possible, the Facts Constituting the Alleged Violation(s) and How You Have Personal Knowledge that it Occurred.*

***IMPORTANT! Attach copies of any available documentation that is evidence of the violation, (for example, copies of checks, campaign materials, minutes of meetings, etc., if applicable to the complaint.) Note that a newspaper article is NOT considered evidence of a violation.**

Provision(s)/Section(s) of the Political Reform Act Allegedly Violated and When the Violation(s) Occurred: (If specific sections are not known, please provide a brief summary)

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Name and Addresses of Potential Witnesses, Other than Yourself, if Known:

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) ____ - _____

Fax: (_____) ____ - _____

E-mail: _____

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

###

Last Name: _____

First Name: _____

Street Address:

City: _____ State: _____ Zip: _____

Telephone: (____) ____ - _____

Fax: (____) ____ - _____

E-mail: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature) **(Date)**

(Please Print Your Name)