Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue | Suite 1402, West Tower | Atlanta, Georgia 30334 | 404-463-1980 | www.ethics.ga.gov

COMPLAINT FORM

Alleging a Violation of the Georgia Government Transparency and Campaign Finance Act

JURISDICTION: This office has jurisdiction ONLY in matters involving financial disclosure, campaign finance, and lobbyist disclosure. O.C.G.A. §45-1-6 covers state vendor disclosure law as outlined in the Campaign Finance Act in O.C.G.A. Title 21-5 et seq and O.C.G.A. §45-1-6 covering state vendor disclosure law. Please ensure that your complaint is within the Commission's jurisdiction. Mail original signed/notarized form and attachments to above address.

I. PERSON BRINGING COMPLAINT = COMPLAINANT:							
Name:							
Address:							
City:		**State:**		**County:**		**Zip:**	
Telephone:		**E-mail** *(optional)*:					

II. PARTY AGAINST WHOM COMPLAINT IS BROUGHT = RESPONDENT:							
Name:							
Address:							
City:		**State:**		**County:**		**Zip:**	
Telephone:							
Title of office held or sought: *(if applicable)*							

III. STATEMENT OF FACTS:

State the actions of the Respondent upon which your complaint is based along with an ALLEGATION that such facts constitute one or more violations of the Georgia Government Transparency and Campaign Finance Act. See JURISDICTION above. Include relevant dates and the names and addresses of other persons who you believe have knowledge of the facts and attach any documentation/evidence that support the facts alleged in this complaint. ***Please see § 21-5-6.23 regarding attorneys' fees.***

(If continued on other side or additional paper, please check here _____)

IV. VERIFICATION BY OATH OR AFFIRMATION – ORIGINAL NOTARY & SIGNATURES REQUIRED

STATE OF _____ *COUNTY OF*_____

I, the undersigned Complainant, being duly sworn, depose (affirm) and say that the information in this Complaint is true and correct to the best of my knowledge and belief.

Notary Stamp/Crimp:

Sworn to and subscribed before me on

_____, _____

_____
Signature of Notary Public

My Commission Expires:_____

SIGNATURE OF COMPLAINANT:

_____

DATE: _____

PENALTIES: False Swearing: A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgment of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement under Code Section 16-10-71. A person convicted of the offense of false swearing shall be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one nor more than five years, or both.