

# Complaint Form

Date Complaint Form Completed



This ORIGINAL form MUST be signed with an original signature, and either hand delivered, or mailed to the following address:

**Charles County Ethics Commission**  
Office of the County Attorney  
200 Baltimore Street  
La Plata, MD 20646

Your Name

Address

Telephone

(work)

(home)

E-Mail Address

## Complaint Section

Name (Subject of Complaint)

Department/Title

Applicable Charles County Ethics Code/Section (if known)

Brief Description of Substance of Complaint (continue on second sheet if needed)

I hereby affirm under the penalty of perjury that the above is true to the best of my knowledge, information, and belief.

Signature

Date

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Charles County  
Ethics Commission

**Complaint Form**

Brief Description of Substance of Complaint (CONTINUED)