




USING ELECTRONIC FORMS

There are two options for utilizing our online forms if you are using the Free Adobe Acrobat Reader®:

1. You may print a blank form, fill it out, sign it under oath, and send it in.
2. Or, you can type your disclosure information directly on the form and then print it out, sign it and send it in.

For Option 2:

- Select the hand tool  from the Acrobat toolbar menu.
- Move the hand inside a field. Click when it changes to an I-beam pointer . The I-beam pointer allows you to type text. The hand tool will also become a pointer tool when it passes over a box, which allows you to click and check the box.
- Press tab to accept the information you have typed and go to the next field.
- Press shift+tab to accept the information you have typed and go to the previous field.
- Typed text that goes beyond the limit of a field will not be printed. You may shorten the entry by using generally accepted abbreviations.
- You may also use your mouse to move from field to field.
- Use the zoom tool  to magnify the page for easier viewing.

IMPORTANT – PLEASE READ:

- FORMS CANNOT BE ELECTRONICALLY SUBMITTED.
- USE THE PRINT BUTTON ON THE ADOBE TOOL BAR TO PRINT THE FORM. YOUR INTERNET PRINT BUTTON WILL NOT PRINT THE FORM.
- FILLED-IN FORMS CANNOT BE SAVED ON YOUR COMPUTER. IF YOU ATTEMPT TO SAVE YOUR FORM, IT WILL CLEAR ALL THE INFORMATION YOU INPUT.

STATE OF FLORIDA
COMMISSION ON ETHICS
P. O. DRAWER 15709, TALLAHASSEE, FLORIDA 32317-5709

COMPLAINT

1. PERSON BRINGING COMPLAINT:

Name: _____ Telephone Number: _____

Address: _____

City: _____ County: _____ Zip Code: _____

2. PERSON AGAINST WHOM COMPLAINT IS BROUGHT:

(Current or former public officer, public employee, candidate, or lobbyist) (Please use one complaint form for each person you wish to complain against):

Name: _____ Telephone Number: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Title of office or position held or sought: _____

3. STATEMENT OF FACTS:

Please explain your complaint fully, either on the reverse side of this form or on additional sheets, providing a detailed description of the facts and the actions of the person named above. Include relevant dates and the names and addresses of persons whom you believe may be witnesses. If you believe that a particular provision of Article II, Section 8, Florida Constitution (the Sunshine Amendment) or of Part III, Chapter 112, Florida Statutes (the Code of Ethics for Public Officers and Employees) has been violated, please state the specific section(s). Please do not attach copies of lengthy documents; if they are relevant, your description of them will suffice. Also, please do not submit video tapes or audio tapes.

4. O A T H :

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments thereto are true and correct to the best of my knowledge and belief.

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____
(name of person making statement)

(Signature of Notary Public - State of Florida)

SIGNATURE OF COMPLAINANT

(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced: _____