

**ST. MARY'S COUNTY ETHICS COMMISSION
P. O. BOX 653, GOVERNMENTAL CENTER
LEONARDTOWN, MARYLAND 20650**

Name of Party Filing Complaint: _____

Address: _____

Telephone Number: (H) _____ (W) _____

Date Complaint Form Completed: _____

Person Who is Subject of Complaint: _____

Applicable Section of St. Mary's County Ethics Ordinance: (if known) _____

Brief Description of Substance of Complaint: _____

(continue on back of form if necessary)

I HEREBY AFFIRM UNDER THE PENALTY OF PERJURY THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature

STATE OF MARYLAND, COUNTY OF _____, TO WIT:

I HEREBY CERTIFY that on this _____ day of _____,
before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared _____ sign the attached Complaint.

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission expires: _____