



Alaska Public Offices Commission



COMPLAINT

| FILING A COMPLAINT | APOC LAWS ALLEGEDLY VIOLATED | APOC case name/number/date |
|---|--|----------------------------|
| <i>To be accepted, complaint must include</i> | <i>Specify section of law or regulation</i> | |
| 1. Complainant's name + contact info 2. Respondent's name + contact info 3. Laws, regulations allegedly violated 4. Description of allegations 5. Basis of knowledge of alleged facts 6. Documentation to support allegations 7. Notarized signature of the complainant 8. Proof that complaint <i>and</i> all supporting documents were served on respondent <i>If complaint meets requirements for acceptance, APOC will investigate the allegations and notify the respondent of the right to respond. APOC will notify Complainant and Respondent when APOC accepts or rejects a complaint.</i> | Campaign Disclosure Law <input type="checkbox"/> AS 15.13 <input type="checkbox"/> 2 AAC 50.250-405 | |
| | Public Official Financial Disclosure <input type="checkbox"/> AS 39.50 <input type="checkbox"/> 2 AAC 50.010-200 | |
| | Legislative Financial Disclosure <input type="checkbox"/> AS 24.60 <input type="checkbox"/> 2 AAC 50.705-890 | |
| | Lobbying Regulation <input type="checkbox"/> AS 24.45 <input type="checkbox"/> 2 AAC 50.505-545 | |
| <input type="checkbox"/> Request expedited review. Reason: | | |

| <input type="checkbox"/> APOC <input type="checkbox"/> Person <input type="checkbox"/> Party <input type="checkbox"/> Group | COMPLAINANT | RESPONDENT <i>Person or group allegedly violating law</i> |
|--|-------------|---|
| | | |
| Address | | |
| City / Zip | | |
| Phone/Fax | | |
| E-mail | | |

| COMPLAINANT'S REPRESENTATIVE | RESPONDENT'S REPRESENTATIVE |
|---|-----------------------------|
| <i>If complainant or respondent is political party or group, list contact person. If complainant or respondent is represented by attorney, list name + contact info</i> | |
| Name/Title | |
| Address | |
| Phone/Fax | |
| E-mail | |

| DESCRIPTION or SUMMARY of ALLEGED VIOLATION | Use extra pages if needed | <input type="checkbox"/> SUPPORTING DOCUMENTS – DESCRIBE: |
|---|---------------------------|---|
| | | |
| | | |
| | | |
| | | |

PROOF of SERVICE ATTACHED: Fax – receipt confirmation Certified mail – signed receipt
 Process server – return of service E-mail – delivery/read receipt Other:

COMPLAINANT'S SWORN STATEMENT: To the best of my knowledge and belief, these statements are true

Signature _____ Title _____ Date _____

Subscribed and sworn to or affirmed by me at _____ on _____

Signature _____ Title _____

APOC COMPLAINTS, RESPONSES, INVESTIGATION REPORTS & COMMISSION ACTIONS ARE PUBLIC DOCUMENTS

| APOC ANCHORAGE | APOC JUNEAU | APOC COMPLAINT PROCESS: 2 AAC 50.450 - -476 | |
|--|--|---|-----------------------------------|
| 221 E. NORTHERN LIGHTS #128 | 240 MAIN STREET #201 | FILING COMPLAINTS : 2AAC 50.450 | ANSWERING COMPLAINTS: 2AAC 50.458 |
| ANCHORAGE, AK 99517 | P.O. BOX 110222 | APOC CRITERIA for ACCEPTING COMPLAINTS: 2 AAC 50.452 | |
| 907-276-4176 / FAX 907-276-7018 | JUNEAU, AK 99811 | INVESTIGATIONS & HEARINGS: 2 AAC 50.460 – 470 | |
| TOLL-FREE 800-478-4176 | 465-4864 / FAX 465-483 | RULES for REQUESTING EXPEDITED CONSIDERATION: AS15.13.380(c) | |
| WEB WWW.APOC.ALASKA.GOV | APOC FORMS: www.apoc.alaska.gov/forms_all.shtml | APOC LAWS: www.apoc.alaska.gov/apoclaws.shtml | |