



# Alaska Public Offices Commission



## COMPLAINT

<b>FILING A COMPLAINT</b> <i>To be accepted, complaint must include</i>	<b>APOC LAWS ALLEGEDLY VIOLATED</b> <i>Specify section of law or regulation</i>		<i>APOC case name/number/date</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	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 50.680-799	
	Legislative Financial Disclosure	<input type="checkbox"/> AS 24.60 <input type="checkbox"/> 2 AAC 50.680-799	
	Lobbying Regulation	<input type="checkbox"/> AS 24.45 <input type="checkbox"/> 2 AAC 50.550-590	

*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.*

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

<b>COMPLAINANT'S REPRESENTATIVE</b>		<b>RESPONDENT'S REPRESENTATIVE</b>	
<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			

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

**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	
2221 E. NORTHERN LIGHTS #128	240 MAIN STREET #500	FILING COMPLAINTS: 2AAC 50.870	ANSWERING COMPLAINTS: 2AAC 50.880
ANCHORAGE, AK 99508	P.O. BOX 110222	APOC CRITERIA for ACCEPTING COMPLAINTS: 2 AAC 50.870	
907-276-4176 / FAX 907-276-7018	JUNEAU, AK 99811	INVESTIGATIONS & HEARINGS: 2 AAC 50.875-891	
TOLL-FREE 800-478-4176	465-4864 / FAX 465-4832	RULES for REQUESTING EXPEDITED CONSIDERATION: AS15.13.380(c)	
WEB: <a href="http://doa.alaska.gov/apoc/">http://doa.alaska.gov/apoc/</a>	APOC FORMS: <a href="http://doa.alaska.gov/apoc/forms_all.html">http://doa.alaska.gov/apoc/forms_all.html</a>	APOC LAWS: <a href="http://doa.alaska.gov/apoc/apoclaws.html">http://doa.alaska.gov/apoc/apoclaws.html</a>	