



Alaska Public Offices Commission



EXPEDITED COMPLAINT

EXPEDITED COMPLAINT REQUEST	ALL COMPLAINTS MUST INCLUDE:	APOC case name/number/date
<p>PRIOR to requesting expedited review, ensure your filing meets the factors required for expedited approval in AS 15.13.380(c). Those factors are whether the alleged violation:</p> <p><input type="checkbox"/> if not immediately restrained (stopped), could materially affect the outcome of an election or other impending event;</p> <p><input type="checkbox"/> could cause irreparable harm that penalties could not adequately remedy; and</p> <p><input type="checkbox"/> whether there is reasonable cause to believe that a violation has occurred or will occur</p> <p>Expedited review requires the complainant to prove the violation by a preponderance of the evidence.</p>	<ol style="list-style-type: none"> 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 	
	APOC LAWS ALLEGEDLY VIOLATED <i>Specify section of law or regulation</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 50.680-799
	Lobbying Regulation <input type="checkbox"/> AS 24.45 <input type="checkbox"/> 2 AAC 50.550-590	Legislative Financial Disclosure <input type="checkbox"/> AS 24.60 <input type="checkbox"/> 2 AAC 50.680-799

<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>
		<input type="checkbox"/> Person <input type="checkbox"/> Party <input type="checkbox"/> Group	

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