



For COB Use Only

Case No. _____

For Official Use Only

VENTURA COUNTY CAMPAIGN FINANCE ETHICS REFORM FORMAL COMPLAINT FORM

NOTE: A filing fee of \$35.00 (Thirty-five dollars) must accompany each Complaint Form and checks must be made payable to the County of Ventura.

Please type or print legibly, and **attach additional pages, if necessary.**

Failure to complete all sections of this form may result in your complaint being returned.

The Clerk of the Board of Supervisors shall not accept complaints filed later than three (3) years after the date of the alleged violation (Ordinance No. 4471, § 1298(a)).

Name of Complainant _____

Address _____

Home Phone () _____ **Work Phone** () _____

Respondent Information. Provide the name, title, department, business address and telephone number of the person or entity who committed the alleged violation(s).

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Witness Information. Provide the name(s), business address(es) and telephone number(s) of person(s) you believe may have information that would assist in the evaluation of this complaint. Also, describe the information that you believe each of the persons listed can provide to support the allegations stated in this complaint.

Documentation. Attach copies of any documents in your possession or any evidence currently available that relate to the allegations stated in this complaint. In addition, indicate below whether there are other records, not in your possession, that you believe may assist in the evaluation of this complaint, and indicate where these records can be found. Any materials submitted shall become the property of the County of Ventura and will not be returned.

Additional Information. Provide any additional information that you believe may assist in the evaluation of this complaint.

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Related Complaints. Have you made the same or similar allegations to another agency or court? If so, identify the agency or court, state any disposition of the complaint or allegations, and attach a copy of any complaint or other written description of the allegations submitted to that agency or court.

VERIFICATION**

I certify under penalty of perjury under the laws of the State of California that the above statements are true and correct.

Executed at _____ at _____
(Date) (City and State)

(Signature) (Print Name)

**Complaints must be verified. Please be advised that the Clerk of the Board WILL NOT process or respond to unverified complaints or complaints filed without the required filing fee.

Return completed form and \$35.00 filing fee to:

Ventura County Clerk of the Board
Ventura County Campaign Finance Ethics Reform
800 South Victoria Avenue, #L1920
Ventura, CA 93009-1920