

(Set forth in detail the facts that establish probable cause to believe that a violation has occurred. Be as specific as possible as it relates to dates, times, and individuals involved. Also provide the names of individuals who may have information related to the complaint. Use as many separate pages as needed and attach copies of any supporting documentation.)

Date: _____
Complainant's signature

I, _____, being first duly sworn, on oath, state that I personally read the above complaint, and that the above allegations are true based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Complainant's signature

STATE OF WISCONSIN)
)ss.
County of _____),
(county of notarization)

Sworn to before me this ____ day of
_____, 20____.

(Signature of person authorized to administer oaths)

My commission expires _____, or is permanent.
Notary Public or (official title if not notary)

(Note: A sworn statement is required for complaints regarding actions of local election officials, pursuant to §5.06, Stats, and regarding violations of the campaign finance laws under Chapter 11, Stats. Complaints regarding violations of other statutes under the Board's jurisdiction are not required to be notarized.)

Please send this completed form to:

By mail, to Wisconsin Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984; by Fax, to 608-267-0500; or by Email to gab.wi.gov.

Complaints regarding actions of local election officials pursuant to §5.06, Stats. must also be mailed or personally served on the respondent, and the complainant must certify to that service in a cover letter to the Board filed with the complaint.