Instructions for filing a Complaint

• Complaints may only be filed against public officials, public employees, “public servant volunteers”1 and lobbyists.

• Complaints must be “verified,” or sworn to before a Notary Public.

• Complaints must be filed within two years of an alleged Ethics Act violation if the violation occurred before July 1, 2016. For violations which occur on or after July 1, 2016, Complaints must be filed within five years.

• Complaints must either be hand delivered, mailed through the United States Mail, or signed in blue ink and scanned and emailed to:

  West Virginia Ethics Commission
  210 Brooks St., Suite 300
  Charleston, WV 25301
  ethics@wv.gov

Information regarding the Complaint process

• The Ethics Commission will send a letter to the person who filed a Complaint which confirms that it has been received.

• The Complaint initially will be either dismissed or investigated by the Ethics Commission’s Probable Cause Review Board.
  • If it is dismissed, the person against whom the Complaint was filed will receive a copy of the Complaint and the Dismissal Order. The person who filed the Complaint will receive a copy of the Dismissal Order.
  • If the Complaint is to be investigated, a Notice of Investigation will be sent to the person who filed the Complaint and the person against whom the Complaint was filed.

• The Ethics Commission does not have the authority or jurisdiction to enforce the Open Governmental Meetings Act. Therefore, Complaints which allege violations of the Open Governmental Meetings Act – and not the Ethics Act – will be dismissed.

1 “Public servant volunteer” means any person who, without compensation, performs services on behalf of a public official and who is granted or vested with powers, privileges, or authorities ordinarily reserved to public officials.
West Virginia Ethics Commission
210 Brooks Street, Suite 300, Charleston WV 25301
(304)558-0664 or (866)558-0664

CONTACT INFORMATION

The Ethics Commission does not have the authority to enforce the Open Governmental Meetings Act. Complaints which allege only violations of that Act will be dismissed.

I. Person bringing Complaint ("Complainant")

Name: __________________________________________ Telephone: __________________________

Email: __________________________________________ Alternate telephone: ______________________

Address: ______________________________________________________________________________

City: ___________________________ County: _______________ State: ______ Zip: __________

II. Person against whom Complaint is brought ("Respondent")

Current or former public official; public employee; “public servant volunteer” or lobbyist. Only one Respondent may be listed on each Complaint form.

Name: ___________________________ Position or title: ____________________________

(e.g., Mayor of Smallville, Potomac Co. Commissioner)

Telephone: ___________________________

Email: ___________________________ Alternate telephone: ____________________________

Home Address:

Name(s) and contact information of any witness(es) to the alleged misconduct:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
ETHICS COMPLAINT

__________________________________________
Name of Complainant

v.

__________________________________________
Name of Respondent

I hereby allege that the Respondent violated the West Virginia Ethics Act as follows:

(Provide a full and detailed statement of the facts, specifically Respondent’s actions. Include all relevant dates and the names and contact information of any person who may have witnessed the Respondent’s actions. Attach additional sheets of paper if necessary.)
Date or dates of alleged violations ________________________________

Attach documents which support your allegations.

(Attach photocopies; retain the originals for your own records.)

Verification of Complaint

State of ___________________________, County of ________________________________:

I, ________________________________, the Complainant named in the attached Complaint, (name of person filing the Complaint)

being duly sworn, says that the facts and allegations contained herein are true, except so far as they are stated to be on information and belief. If they are on information and belief, I believe them to be true.

Complainant’s signature ________________________________ Date: __________________________

Taken, sworn to and subscribed before me this _________ day of ____________________, ______

__________________________
Notary Public’s Signature