

Complaint No. _____

For internal use only



GOVERNMENT ACCOUNTABILITY BOARD

Post Office Box 2282 • Sioux Falls, SD 57101

Telephone: (605) 367-5880

COMPLAINT FORM

1. Provide the following information for the public officer or employee for which you are making an allegation of misconduct against. **(Use a separate form for each individual for which you are alleging misconduct.)**

NAME: (Last, First)		TITLE OF PUBLIC OFFICE: (position)	
PUBLIC ENTITY: (Name of the entity employing this position)			
ADDRESS:		CITY, STATE, ZIP CODE:	
TELEPHONE:	WORK:	OTHER: (Home, cell)	E-MAIL:

2. Describe in specific detail the public officer's or employee's misconduct. (Include specific facts and circumstances to support your allegation: times, places, and the name and position of each person involved.)

Check here if additional pages are attached.

3. Is the alleged conduct the subject of any action or matter currently pending before another administrative or judicial body? If yes, please describe

4. What provision of SDCL 3-24-3 is relevant to the conduct alleged? Please check all that apply.

	<u>Statute</u>	<u>Statutory Summary</u>
<input type="checkbox"/>	SDCL 3-24-3(1)	Allegations of impropriety related to any contract, grant, or loan with any public entity that provides the authority to any other entity to expend public funds
<input type="checkbox"/>	SDCL 3-24-3(2)	Documents filed under chapter 3-23 or alleged violations relating to conflicts of interest
<input type="checkbox"/>	SDCL 3-24-3(3)	Allegations of a direct or indirect interest in a contract in violation of the constitution or law
<input type="checkbox"/>	SDCL 3-24-3(4)	Allegations of malfeasance
<input type="checkbox"/>	SDCL 3-24-3(5)	Allegations of misappropriation of public funds
<input type="checkbox"/>	SDCL 3-24-3(6)	Allegations of use of false instruments to obtain public funds
<input type="checkbox"/>	SDCL 3-24-3(7)	Allegations of theft or embezzlement of public funds
<input type="checkbox"/>	SDCL 3-24-3(8)	Allegations of bribery
<input type="checkbox"/>	SDCL 3-24-3(9)	Allegations of use of public money not authorized by law or in violation of the constitution

5. Please attach all documents or items you believe support your allegations. This includes any reliable and competent form of proof provided by witnesses, public and private records, audio or visual recordings, documents, exhibits, concrete objects, and such forms of proof that support a reasonable belief in the truth of the allegation. A newspaper article or other media report will not support your allegations if it is offered by itself, but may be included with evidence that corroborates the article on report.

State the total number of additional pages attached (including evidence) _____

6. Identify all persons who have knowledge of the facts and circumstances you have described, as well as the nature of the testimony the person would provide. Check here if additional pages are attached.

NAME AND TITLE (PERSON #1)		
Address:		
Telephone		
E-mail		
NATURE OF TESTIMONY:		
NAME AND TITLE (PERSON #2)		
Address:		
Telephone		
E-mail		
NATURE OF TESTIMONY:		

7. COMPLAINANT'S INFORMATION:

YOUR NAME: (Last, First)			
YOUR ADDRESS:		CITY, STATE, ZIP CODE:	
TELEPHONE:	HOME:	CELL:	E-MAIL:

By my signature below, I affirm that the facts set forth in this document and all of its attachments are true and correct to the best of my knowledge and belief. I am willing to provide sworn testimony regarding these allegations.

Signature of Complainant

Date

Print Name

You must submit this form bearing your signature to:

Government Accountability Board
P.O. Office Box 2282
Sioux Falls, SD 57101

****CONFIDENTIALITY****

Pursuant to SDCL 3-24-4, “[t]he information, reports, or complaints and the investigative records and files of the board are confidential and not a public record according to chapter 1-27 until the board votes in favor of conducting a contested case hearing.” (Emphasis added).