



## GOVERNMENT ACCOUNTABILITY BOARD

Post Office Box 2282 • Sioux Falls, SD 57101  
Telephone: (605) 367-5881

### COMPLAINT FORM

1. Pursuant to SDCL 3-24-3, the Government Accountability Board is only allowed to review and investigate complaints regarding certain people.

Is the person you are complaining about one of the following:

- Governor of South Dakota
- Lieutenant Governor of South Dakota
- Secretary of State of South Dakota
- Treasurer of South Dakota
- Auditor of South Dakota
- Treasurer of South Dakota
- Commissioner of School and Public Lands
- Attorney General for South Dakota
- An employee of executive branch (this does not include judicial branch, legislative branch, county, city, federal or private employee)

**If you are not complaining about one of the positions listed above, the Government Accountability Board CANNOT CONSIDER YOUR COMPLAINT, and your complaint will be DISMISSED.**

2. 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.)**

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

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

Check here  if additional pages are attached.

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

5. What provision of SDCL 3-24-3 is relevant to the conduct alleged? Please put an X by all that apply.

<u>X</u>	<u>Statute</u>	<u>Statutory Summary</u>
	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
	SDCL 3-24-3(2)	Documents filed under chapter 3-23 or alleged violations relating to conflicts of interest
	SDCL 3-24-3(3)	Allegations of a direct or indirect interest in a contract in violation of the constitution or law
	SDCL 3-24-3(4)	Allegations of malfeasance
	SDCL 3-24-3(5)	Allegations of misappropriation of public funds
	SDCL 3-24-3(6)	Allegations of use of false instruments to obtain public funds
	SDCL 3-24-3(7)	Allegations of theft or embezzlement of public funds
	SDCL 3-24-3(8)	Allegations of bribery
	SDCL 3-24-3(9)	Allegations of use of public money not authorized by law or in violation of the constitution

6. 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) \_\_\_\_\_**

7. Please specify your personal knowledge of the alleged misconduct as well as what the nature of your testimony would be in this matter (please use specific dates and times). Check here  if additional pages are attached.

8. 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:		

9. COMPLAINANT'S INFORMATION:

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

**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).

**JURISDICTION**

The legislation which created the Government Accountability Board became effective as of July 1, 2017, therefore the Board’s jurisdiction is for any misconduct that occurred after July 1, 2017.

DRAFT