

1                   **ETHICS AND RULES COMMITTEE OF THE MHA NATION**  
2                                   **Verified Complaint Form**  
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6 This form must be completed if a person wishes to file a complaint about an action or behavior that  
7 allegedly violates the MHA Ethics in Government Ordinance. The Ethics Committee will not act on  
8 verbal complaints. All completed complaints must be completed in ink or typed and signed by the  
9 complainant or they will not be investigated and will be dismissed. After completing this form, return  
10 the original to the Committee Clerk at the Ethics Commission Office, located in the Tribal  
11 Administration Building  
12

13 Complainant Name (please print your name) \_\_\_\_\_  
14

15 Your Mailing Address: \_\_\_\_\_  
16

17 Where do you work? \_\_\_\_\_  
18

19 Your contact information: Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
20

21 Please identify the person you allege violated the Ethics Ordinance:  
22

23 Their name: \_\_\_\_\_  
24

25 Their employment title: \_\_\_\_\_  
26

27 Their Phone Number: \_\_\_\_\_  
28

29 Department/Agency he/she works for: \_\_\_\_\_  
30

31 Physical location of their department/agency: \_\_\_\_\_  
32

33 \*\*\*\*\*

34 Please be advised:  
35

- 36       1. The Ethics Committee is dedicated to ensuring that the provisions of the MHA Ethics in  
37       Government Ordinance are enforced.  
38  
39       2. You must clearly, and in detail, state what your complaint is. Please include:  
40  
41           a. WHO – Give the full names of any parties or witnesses who might be able to corroborate  
42           the details of your complaint; and  
43           b. WHAT – What did the person do or fail to do?

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Ethics Committee Verified Complaint Form

Complainant: \_\_\_\_\_

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- c. WHEN – Provide specific dates that are relevant to your complaint; or on which the person’s action(s) took place.
  - d. WHY – State why you believe the action or omission of the person was wrong or should be investigated.
3. You may be requested to testify or present your evidence at a hearing before the Ethics Committee. Your failure to appear at a hearing may be cause to dismiss your complaint.
  4. Your complaint must be signed by you or it will be dismissed. A copy of your complaint will be given to the person you are alleging violated the ordinance.
  5. Please make a copy of your complaint before filing the original with the Ethics Committee Clerk. We will not return the original.
  6. Please note that pursuant to tribal law, all documents filed with the Ethics Committee are confidential and you may not be entitled to receive copies of documents filed with the Committee.

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**YOUR COMPLAINT- State the basis of your complaint. INCLUDE ONLY FACTS. Use additional sheets of paper if needed but be sure all pages are numbered and contain your name at the bottom of each page. Be sure any additional pages you use are stapled to this completed complaint and are numbered.**

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Have you filed a civil lawsuit against the individual(s) complained about? If you have, please list the case number, the date lawsuit was filed, and the jurisdiction where the lawsuit was filed.

Have you filed other complaints about this or related matters with the Ethics & Rules Committee? If you have, please list the date(s) the other complaint(s) were filed and details about said complaint(s).

1 Are you willing to appear under oath as a witness and be cross-examined concerning the allegations made  
2 in the complaint? Circle one: Yes or No

3  
4 If you are unwilling to testify, this may be the basis for the dismissal of the complaint by the Ethics &  
5 Rules Committee after its investigation and preliminary consideration. If you are not willing to testify,  
6 state reasons.

7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

11 List the names and contact information of other witnesses that can testify as to the facts set forth in the  
12 complaint.

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19  
20 **VERIFIED COMPLAINT**

21  
22 I, the Complainant, declare under oath and under penalty of perjury that the above is true and correct to  
23 the best of my knowledge and belief. I further declare under oath and penalty of perjury that any  
24 accompanying documents and reports to the above statement are true and correct to the best of my  
25 knowledge and belief.

26  
27 Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

28  
29  
30 \_\_\_\_\_  
31 Signature of Complainant

32  
33 Subscribed and sworn to, or acknowledged, before me this \_\_\_ day of  
34 \_\_\_\_\_, 20\_\_\_\_.

35  
36  
37 \_\_\_\_\_  
38 Notary Public  
39 My Commission Expires: