

Jackson County Democratic Party

Ethics Complaint Grievance Form

Complaint: Please state

1. Your name and what position if any you hold in the party
2. The name of the person about whom you have chosen to file this complaint
3. The reason for your complaint, including the facts and circumstances which have led to your filing this complaint
4. What you would like to have happen to resolve this complaint

Response to complaint: The person about whom this complaint has been filed should use this space below to respond to the complaint and include any offer of resolution

Resolution of complaint: After receiving the response to the complaint, the person who filed the complaint will check the appropriate box below, include any comments they wish to share.

I, _____, hereby withdraw this complaint.

I, _____, hereby forward this complaint to the JCDP Executive Committee for consideration