## STATE ETHICS **State Ethics Commission**

One Ashburton Place, Room 619 Boston, MA 02109

Vour Contact Information

## **Advice Request Form**

Your Contact Information			(*Required Field)
First Name*	Last Name*	:	
Street Address			
City	State	Zip Code	
Phone Number*	E-mail Address		
Title/Position			
Agency/Entity			
Is this a State, County, or Municipal a	gency?		
If Municipal, has your position been d	esignated as a Special Munic	ipal position?	
Were you elected to this position?			

## Summary of Your Request

Please provide a full description of your situation, including why you are requesting advice.\*

We can respond by phone or in writing (usually by e-mail).

Would you prefer advice by phone?\*

May we leave you a voicemail stating that we are calling from the Commission?\*

What is the best time for us to reach you?\*

Would you prefer written advice?\*

You must have an e-mail program available from your computer to request advice online. When you click the 'Submit' button, a pop-up window will appear asking you to select the type of e-mail program you will use to send the form. After you select a program, click 'OK'. An e-mail message will display with the Commission's email address pre-populated with your form attached. If your completed form is not attached to the e-mail, please review these instructions about fillable PDF forms. Click 'Send' to e-mail your complaint to the Commission.