



State Ethics Commission

One Ashburton Place, Room 619
Boston, MA 02109

Online Complaint Form

Your Contact Information

(*Required Field)

First Name*

Last Name*

Street Address*

City*

State*

Zip Code*

Phone Number*

E-mail Address*

Public Employee(s) About Whom You Are Complaining Against

Subject's Name(s)*

Title(s)/Position(s)*

Public Agency*

Is this a State, County, or Municipal Agency?*

Was this person elected or appointed?*

Is this person paid or unpaid?*

Do you wish to submit supporting documentation with your complaint?

Please describe any documentation you wish to submit along with your complaint. You will be contacted by an investigator to arrange for the submission of the information.

Summary of Your Complaint

Please provide a full description of your complaint, including how you learned about the possible violation.*

You must have an e-mail program available from your computer to file a complaint 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 complaint 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.