



# MISSISSIPPI ETHICS COMMISSION

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Jackson, MS 39225  
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EMAIL [info@ethics.state.ms.us](mailto:info@ethics.state.ms.us)

Case No.  
**M-** \_\_\_\_\_

## OPEN MEETINGS COMPLAINT

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM:**

Pursuant to Section 25-41-15, Miss. Code of 1972, the Ethics Commission must forward a copy of this complaint to the head of the public body involved. The commission, in its discretion, may dismiss this complaint or proceed in accordance with rules and regulations promulgated by the Ethics Commission. **After completing, signing and dating the form, please email or mail it to the address listed above. Please note, we cannot accept handwritten forms.**

**PERSON MAKING COMPLAINT (Complainant):**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code, Prefix, Number)

**PUBLIC BODY AGAINST WHICH COMPLAINT IS MADE (Respondent):**

Name of Public Body: \_\_\_\_\_

Name of Presiding Officer: \_\_\_\_\_  
(Last) (First) (Middle)

Title or Position: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Area Code, Prefix, Number)

**ALLEGATIONS AND STATEMENT OF FACTS:**

In your own words, please provide a description of the violation(s) of the Open Meetings Act which you believe have occurred. The description should include the alleged violation and any details relating to it, such as names, titles, dates and places where possible and where applicable.

I have read and understood everything in this complaint. By printing and physically signing **or** by typing my electronic signature, I certify that the statements, matters and allegations set forth in this complaint are true and correct to the best of my knowledge, information and belief and are made of my own free will.

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(Date)

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(Complainant's Signature)