



# MISSISSIPPI ETHICS COMMISSION

660 North St., Suite 100-C  
Jackson, MS 39202  
TELEPHONE (601) 359-1285  
EMAIL [info@ethics.state.ms.us](mailto:info@ethics.state.ms.us)

Case No.  <b>R-</b> _____
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## PUBLIC RECORDS COMPLAINT

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

You may only file this complaint if you have already requested public records from a public body, and the appropriate period of time allowed by law for a response has passed (at least 7 working days). You must attach the written denial of your records request, if any, to this form, as well as any other correspondence involving your records request. Pursuant to Section 25-61-13, Miss. Code of 1972, the Ethics Commission must forward a copy of this complaint to the head of the public body involved, and the public body may file a response. **After completing, signing and dating the form, please email it 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: \_\_\_\_\_

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

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

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

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

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

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Individual from whom  
Records Were Requested: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### ALLEGATIONS AND STATEMENT OF FACTS:

In your own words, please describe as specifically as possible the documents you requested and give any reasons why you believe the records should have been produced to you.

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)