

**ST. MARY'S COUNTY ETHICS COMMISSION  
C/O COUNTY ATTORNEY'S OFFICE  
P.O. BOX 653  
LEONARDTOWN, MD 20650**

Name of Party Filing Complaint: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date Complaint Form Completed: \_\_\_\_\_

Person Who is Subject of Complaint: \_\_\_\_\_

Applicable Section of the St. Mary's County Ethics Ordinance (if known): \_\_\_\_\_

\_\_\_\_\_

Brief Description of Substance of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I HEREBY AFFIRM UNDER THE PENALTY OF PERJURY THAT THE  
ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND  
BELIEF.**

\_\_\_\_\_  
**Signature**

STATE OF MARYLAND, COUNTY OF \_\_\_\_\_, TO WIT

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_  
Before me, the subscriber, a Notary Public in and for the State and County aforesaid, personally appeared \_\_\_\_\_  
\_\_\_\_\_ sign the attached Complaint.

AS WITNESS my hand and Notarial Seal. \_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

**Please return your completed form to the address above, or email to [ethics@stmaryscountymd.gov](mailto:ethics@stmaryscountymd.gov). If you have any questions, please call Diane Gleissner @ 301-475-4200 ext. 1707 or [diane.gleissner@stmarysmd.com](mailto:diane.gleissner@stmarysmd.com).**