

**Iowa General Assembly**

**HOUSE OF REPRESENTATIVES ETHICS COMPLAINT FORM**  
Alleging violation of Iowa Code chapter 68B, House Code of Ethics,  
Or House Rules Governing Lobbyists

**RE:**

\_\_\_\_\_  
Name of Respondent (alleged violator)

Respondent's Address (if known):

\_\_\_\_\_  
Street Address/Apartment Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone number and email address

**BY:**

\_\_\_\_\_  
Name of Complainant

Complainant's Address:

\_\_\_\_\_  
Street Address/Apartment Number

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone number and email address

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I, \_\_\_\_\_, hereby complain that

\_\_\_\_\_ has engaged in conduct that allegedly violates the provisions of Iowa Code chapter 68B, House Code of Ethics, or House Rules Governing Lobbyists as follows:

That on or about (list date or dates on which the conduct took place):

\_\_\_\_\_. 20\_\_\_\_

\_\_\_\_\_ did the following:

\_\_\_\_\_  
Name of Respondent

**Iowa General Assembly**

**HOUSE OF REPRESENTATIVES ETHICS COMPLAINT FORM**

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Recite conduct taken by Respondent that is believed to violate Iowa Code chapter 68B, House Code of Ethics, or the House Rules Governing Lobbyists. List the code provision or rule that has been allegedly violated. Attach additional pages if more space is needed.

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Names/Addresses of persons witnessing the above described conduct (attach additional pages if necessary)

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Any other information that may relate to this matter:

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**CERTIFICATION BY COMPLAINANT**

I, \_\_\_\_\_, hereby certify that, to the best of my knowledge the information contained in the attached complaint is true and correct. I understand that a person who knowingly files a false complaint is subject to prosecution for and the penalties attached to the crime of perjury.

By filing this complaint I am alleging a violation of Iowa Code chapter 68B, House Code of Ethics, or House Rules Governing Lobbyists.

Subscribed and Affirmed to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa

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I, \_\_\_\_\_, do hereby certify

that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

I received the above certification and attached complaint.

\_\_\_\_\_  
Chief Clerk of the House

**IOWA HOUSE OF REPRESENTATIVES  
DISPOSITION OF DISMISSED ETHICS COMPLAINT**

**Complainant**

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**Respondent (Party Charged)**

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**Date Complaint Filed**

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**Date Complaint Dismissed**

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**DISMISSED COMPLAINT DISPOSITION**

\_\_\_\_\_ Complaint dismissed due to formal insufficiency  
(not sufficient as to form) or,

\_\_\_\_\_ Complaint dismissed due to failure to meet  
content requirements of a valid complaint as provided in House Code of Ethics, Rule 12(c) or,

\_\_\_\_\_ Complaint dismissed following the appointment of  
an independent special counsel.

**HOUSE EMPLOYEE COMPLAINT**

Name/Title of Complainant: \_\_\_\_\_

Office: \_\_\_\_\_

Name/Title of Respondent: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Describe the incident you experienced or witnessed and indicate the date/time/location/name of witness(es): \_\_\_\_\_

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\_\_\_\_\_

Describe any repeat(s) of the incident, your experience or observation with date/ time/location/ names of witness(es):

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Describe any additional pertinent facts:

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\_\_\_\_\_  
\_\_\_\_\_

Describe any relevant evidence (e.g. documents, emails, photos, videos, electronic or other correspondence), and police reports. **DO NOT DESTROY OR ALTER ANY EVIDENCE YOU HAVE.**

\_\_\_\_\_  
\_\_\_\_\_

I understand these incidents will be investigated; this information provided will be kept confidential to the greatest extent possible.

Claimant Signature \_\_\_\_\_ Date

Received by \_\_\_\_\_ Date