State Retirement Board Fiduciary Complaint Form

Section 109.98 of the Ohio Revised Code establishes authority for the Attorney General to maintain a civil action for breach of fiduciary duty by a member of a state retirement board, including and limited to the public employees retirement board, board of trustees of the Ohio police and fire pension fund, school employees retirement board, state teachers retirement board, and state highway patrol retirement board. The Charitable Law Section processes complaints alleging violations of this section of law.

Complaint information may be sent to the Attorney General at the address listed above.

Your Name_____ Today's Date _____
             Last   *First*   *MI*

Address _____

City _____ State_____ Zip Code_____ County _____

Home Phone _____ Work Phone _____ email _____

<u>State Retirement Board Information</u>

Name of State Retirement Board_____

<u>State Retirement Board Individual(s) of concern</u>

Name _____ Title _____
      Last, First, MI   *(List others in description section)*

Address _____

City _____ State_____ Zip Code_____ County _____

Phone _____ Other _____

Have you reported this matter to any other investigative agencies?   Yes   No

If yes, please provide the name of the agency and the contact person with that agency.

Description of Violation

Please explain your complaint in as much detail as possible. You may use additional sheets if necessary. Please print or type clearly. Try to be brief, but be sure to tell **WHAT** happened, **WHO** was involved, **WHEN** and **WHERE** it happened. Be <u>specific</u> about any verbal statements that were made to you. Describe events in the order in which they happened. Attach **COPIES** of all letters, documentation, and other papers that relate to your complaint, and keep the originals.

The information contained in this complaint is true and accurate to the best of my knowledge, information, and belief.

Today's Date _____ **Your Signature** _____

Office Use Only   **Staff:**   **Complaint Number:**