



# Board of Ethics Ethics Violation Complaint Form

**For Internal Use Only**

Date Received: \_\_\_\_\_

Complaint No.: \_\_\_\_\_

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[www.townofcambria.gov](http://www.townofcambria.gov)

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## INSTRUCTIONS:

1. You must complete all requested information for your complaint to be considered.
2. Providing incomplete information may result in the complaint being rejected without further action.
3. Every complaint must be signed or the complaint will be rejected.
4. You must submit an original complaint form along with all supporting documentation and information in your possession.

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## COMPLAINANT'S INFORMATION:

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## ALLEGED ETHICS VIOLATION:

Who is the complaint against and what is their Town position?

What is your relationship to the person against whom you are filing this complaint?

Date/Time/Location of Alleged Violation:

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Please fully explain your complaint providing a detailed description of the facts and the actions of the person named on this form based on your personal knowledge. Include relevant dates, locations, and the names and addresses of persons whom you believe may be witnesses to the events described. (If insufficient space is provided additional sheets may be attached):

