

TO: Chairman, Board of Ethics, City of Stamford

DATE: \_\_\_\_\_

## **COMPLAINT TO THE BOARD OF ETHICS**

**I. INSTRUCTIONS: All Complaints filed must conform to the following format. Failure to do so may result in the rejection of the Complaint.**

1. The Complaint and any attachments must be typed in 12 point type, double spaced, on plain white paper with one (1) inch margins on all sides.
2. All pages must be numbered.
3. All spaces below must be complete.
4. If you allege a violation of more than one section of the Code of Ethics, you must list each specific code section by number and list all of the conduct that you believe violates that particular section. This must be done separately for each section of the Code you allege was violated.

**Your complaint initially will be confidentially investigated. Publicizing of your complaint, prior to a finding of probable cause, may cause the Board of Ethics to dismiss your complaint for that reason alone.**

### **II. IDENTIFYING INFORMATION**

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

Address of Complainant: \_\_\_\_\_

\_\_\_\_\_

Complainant's daytime telephone #: \_\_\_\_\_

Complainant's Email Address: \_\_\_\_\_

Name, address and telephone number for one or more officers of the Complainant (if Complainant is not an individual):

\_\_\_\_\_

\_\_\_\_\_

Name and current mailing address of all individuals against whom this Complaint is filed (attach additional sheets if necessary):

\_\_\_\_\_

\_\_\_\_\_

**II. ALLEGATIONS**

You must cite the specific section(s), including the specific subsection(s), of the Code of Ethics that you believe was violated. For each specific section(s) of the Code that you allege was violated, attach a separate sheet listing the number of the specific section of the Code, the conduct you believe violates that particular section, and the name of the individual you allege committed the violation. You must include dates of the alleged conduct with as much specificity as possible. You may attach as many additional sheets as necessary.

I have read this Complaint and its attachments (the "Complaint") and believe it to be true and accurate in all respects. I sign this Complaint under penalty of false statement.

Date: \_\_\_\_\_  
Complainant

STATE OF CONNECTICUT  
:ss \_\_\_\_\_

COUNTY OF FAIRFIELD

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, under oath, swearing to the truth of the matters asserted herein, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained, as his/her free act and deed, before me.

In witness whereof, I hereunto set my hand and seal.

\_\_\_\_\_  
Commissioner of the Superior Court /Notary Public  
My Commission Expires:

Date received by Chairman: \_\_\_\_\_

Signed: \_\_\_\_\_  
Chairman, Board of Ethics