Suffield Ethics Commission

ETHICS COMPLAINT FORM

Date:_____

Name:_____
Address:_____Town/City_____State____
Zip Code_____ Phone_____Fax_____
E-mail_____

Complaint:
Name of person accused_____

Specific acts alleged in violation of the Ethics Code and dates when these acts occurred_____
_____
_____
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_____
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_____

Under what section(s) of the Suffield Ethics Code is this Complaint made:_____
_____
_____

I/we hereby certify that the information included in this Complaint is true and correct to the best of my knowledge and all pertinent documentation is submitted as required by the Ethics Commission.

_____
Signature(s)

Attachments included ____Yes ____No _____Date received
By Ethics Comm.