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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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.

Suffield Ethics Commission #2