



STATE OF CONNECTICUT – COUNTY OF TOLLAND  
INCORPORATED 1786

# TOWN OF ELLINGTON

55 MAIN STREET – PO BOX 187  
ELLINGTON, CONNECTICUT 06029-0187

www.ellington-ct.gov

## **ETHICS COMPLAINT FORM**

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Respondent (accused):

\_\_\_\_\_

Specific acts alleged in violation of the Code and dates when these acts occurred: Attach additional page(s) if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this matter, or the essential facts, subject to any other court, administrative agency, grievance or disciplinary proceeding anywhere? If so, identify the matter and hearing agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under what Section(s) of the Code is this Complaint made:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Ethics Commission Use Only:

Date Received: \_\_\_\_\_ Attachments included: Yes No Complaint No. \_\_\_\_\_

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**OATH AND AFFIRMATION**

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

If a person makes a false statement in a complaint, the complainant shall be subject to penalties under the provisions of Connecticut General Statutes Section 53a-157.

\_\_\_\_\_ Printed Name                      Signature                      Date \_\_\_\_\_

NOTARY PUBLIC:

Subscribed and sworn before me this \_\_\_\_\_ day \_\_\_\_\_ of 20\_\_\_\_.

Notary  
Seal  
↓

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