

TOWN OF ELLINGTON ~ CODE OF ETHICS

ETHICS COMPLAINT FORM

(Page 1 of 2)

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. _____

