

Ethics Complaint Submission Form

*In accordance with the **Rules of Operation for Board of Ethics**, all complaints to the Board of Ethics shall be in writing, dated and signed by the complainant with the complainant's name and address. To that end, please submit details of your complaint below and attach any evidence of any ethical violation(s) to this form. The completed form and evidence are to be emailed to: Ethics@eastonct.gov You will receive written confirmation (by electronic or regular medium) of receipt of complaint within 10 days.*

ONLY ONE (1) COMPLAINT PER FORM

Date of Submission: _____ **Email Address:** _____

Your Name (Print): _____

Your Street Address (Not P.O Box): _____

Person(s) Accused of Ethics Violation: _____

Date of Alleged Ethics Violation: _____

Section(s) of Ethics Ordinance Violated (refer to the Ethics Ordinance, Ch. 52 of the Easton Code, available at <https://www.eastonct.gov/board-of-ethics>; *Example: Section 52-3 Conflict of Interests, Item #3*):

NATURE OF COMPLAINT (describe in box below; please include only one (1) complaint per form):

CONFIDENTIAL

Your Signature: _____

Email Completed form and any Supporting Evidence to: Ethics@eastonct.gov

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