

**CITY OF ABERDEEN**  
60 N. Parke Street  
Aberdeen, Maryland 21001  
401- 272-1600 / 410-272-2240 (Fax)

**ATTENTION: ABERDEEN ETHICS COMMISSION c/o CITY CLERK**

**ETHICS COMPLAINT FORM**

**1. COMPLAINANT (the person(s) making the complaint):**

**Name:** \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

**Address:** \_\_\_\_\_  
(Home and Work)

**Telephone:** \_\_\_\_\_  
(Home and Work)

**E-mail Address:** \_\_\_\_\_  
(Home and Work)

**2. RESPONDENT(S) (the person(s) whom the complaint is being filed against):**

\_\_\_\_\_  
(Name) (Address or Telephone, if known) (City position held)

\_\_\_\_\_  
(Name) (Address or Telephone, if known) (City position held)

**3. Complainant believes that the acts described below constitute a violation or violations of the Public Ethics Law. (Use additional paper as needed.)**

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

**4. Complainant believes that the above-described acts constitute a violation or violations of the following sections of the Public Ethics Law, if known. (Refer to Chapter 43 of the City Code; use additional paper as needed.)**

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

**5. In support of the allegations set forth in paragraphs 3 and 4 above, Complainant attaches the following documents, or in the absence of those documents, describes them as follows (use additional paper as needed):**

---

---

---

---

**6. List of witnesses with personal knowledge of the described facts and circumstances (use additional paper as needed):**

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Relevant Information:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Relevant Information:** \_\_\_\_\_

**I, the undersigned, do swear or affirm, under the penalty of perjury, that the contents of this complaint are true and correct.**

\_\_\_\_\_  
**COMPLAINANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**