

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