

TO: Chair, Ethics Commission, Town of Madison

DATE: _____

COMPLAINT TO THE ETHICS COMMISSION

I. INSTRUCTIONS:

1. Complete this form in its entirety; use additional sheets (numbered) if necessary.
2. If you allege a violation of more than one section of the Code of Ethics, you must list each specific code section by number and list all of the conduct that you believe violates that particular section. Refer to Code of Ordinances Sec. 2-207.
3. No complaint may be made under this Code except within two years immediately after the alleged violation has occurred.
4. Completed form and documents must be submitted to the Town Clerk's Office in a sealed envelope addressed to the attention of the Ethics Commission Board Chair.

The respondent identified in the complaint will be notified. The initial investigation of your complaint will be conducted confidentially, unless the respondent submits a written request that it be made public. Publicizing of your complaint, prior to a finding of probable cause, may cause the Ethics Commission to dismiss your complaint for that reason alone. Upon final resolution of this matter, all records may become public.

II. IDENTIFYING INFORMATION

Name of Complainant: _____

Address of Complainant: _____

Complainant's daytime telephone#: _____

Complainant's Email Address: _____

If the Complainant is an organization or business, provide name, address and telephone number for one or more officers of the Complainant:

Name and current mailing address of all individuals (e.g. Respondents) against whom this Complaint is filed (attach additional numbered sheets if necessary):

Name and current mailing address of all witnesses to this complaint.

II. ALLEGATIONS

You must cite the specific section(s), including the specific subsection(s), of the Code of Ethics that you believe have been violated. Please include a separate description of the violation for each section(s) of the Code you believe have been violated, including the name of the individual you allege committed the violation. You must include dates of the alleged conduct with as much specificity as possible, including witnesses. You may attach as many additional sheets as necessary numbered and identified as Page # of Pages at the bottom of each sheet, e.g. Page 1 of 10, Page 2 of 10, etc.

Total number of pages submitted with this complaint (including this 2-page form): _____

I have read this Complaint and its attachments ("the Complaint") and believe it to be true and accurate in all respects. I sign this Complaint, acknowledging that submitting a false statement is a crime under Connecticut General Statutes Section 53a-157(b); a Class A Misdemeanor.

STATE OF CONNECTICUT :ss

COUNTY OF _____

On this the ___ day of _____, 20__, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained, before me.

In witness whereof, I hereunto set my hand and seal.

Commissioner of the Superior Court /Notary Public
My Commission Expires:

Date received by Chairman: _____

Complaint Number: _____

Signed: _____

Ethics Commission Chair