



# City of Havre de Grace, Ethics Commission

## COMPLAINT FORM

FOR COMMISSION USE ONLY: CASE# \_\_\_\_\_

**1. Complainant:**

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

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

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

**2. Respondent(s):**

\_\_\_\_\_  
(Name and City position held)

\_\_\_\_\_  
(Address or Telephone, if known)

\_\_\_\_\_  
(Name and City position held)

\_\_\_\_\_  
(Address or Telephone, if known)

**3. Complainant believes that the acts described below constitute a violation(s) of the Public Ethics Law (use additional paper as needed):**

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

**4. Complainant believes that the above-described acts constitute a violation(s) of the following sections of the Public Ethics Law (if known):**

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

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

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

**REQUIREMENT OF CONFIDENTIALITY**

I acknowledge and agree that upon the filing of a complaint with the City of Havre de Grace Ethics Commission and pursuant to Chapter 67 of the Havre de Grace Code I may not disclose any information relating to the complaint, including the identities of the parties. I further acknowledge that if I violate the confidentiality provisions above-cited, the Ethics Commission may dismiss the Complaint.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

**OATH AND SIGNATURE**

I do solemnly declare or affirm under the penalties of perjury that the contents of this Complaint, including any attachments thereto, are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant

(SEAL)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ by \_\_\_\_\_ known to me of having provided sufficient proof of identity.

Signature of Notary Public: \_\_\_\_\_

Printed/Typed Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**REPLY TO: City of Havre de Grace  
Attention: Ethics Commission Chair  
711 Pennington Avenue  
Havre de Grace, Maryland 21078**

**TELEPHONE: 410-939-1800**

**EMAILED AND FAXED COPIES ARE NOT ACCEPTED.**