CITY OF EAST POINT
ETHICS BOARD COMPLAINT FORM

c/o City Clerk’s Office
1526 E. Forrest Avenue, 4th Floor
East Point, GA 30344
404-270-7090

ALLEGING A VIOLATION OF THE EAST POINT ETHICS POLICY

I. FORM FOR WRITTEN COMPLAINT: Each complaint filed with the Board shall be in writing and notarized by the party filing the complaint. Each complaint shall state with specificity the following:

♦ The name and address of the person filing the complaint;
♦ The name and address of the party against whom the complaint is filed;
♦ A clear and concise statement of facts upon which the complaint is based;
♦ A reference to the applicable code sections of the City Ethics Policy deemed to be violated;
♦ Any other information to support the allegations, including documents, names, dates, times, places, actions, and any other information or persons showing or having knowledge of the facts to support the allegations.
♦ All exhibits must be clearly labeled and legible;
♦ All exhibits must be referenced in the complaint;
♦ The complaint number will be issued by the clerk, use this number for future reference;

II. PERSON BRINGING COMPLAINT:
Name:
Address:
City: State: Zip:
Telephone Number: (Alternate #):

III. PARTY AGAINST WHOM COMPLAINT IS BROUGHT:
Name:
Address:
City: State: Zip:
Telephone Number: (Alternate #):
Title of office held or sought. (If applicable)

IV. STATEMENT OF FACTS:
IDENTIFY AND LIST THE SECTION(S) OF THE ETHICS POLICY OR CITY CHARTER ALLEGEDLY VIOLATED:

TOTAL NUMBER OF PAGES IN THE COMPLAINT (including exhibit(s)): _____________

Exhibits Attached: (Check) YES ( ) NO ( ) If yes, how many: _____________

FOR MORE INFORMATION OR TO OBTAIN A COPY OF THE ETHICS POLICY AND/OR HANDBOOK PLEASE VISIT: http://www.eastpointcity.org/index.aspx?nid=795 or the City Clerk’s Office (Please note: If a copy of the policy is obtained from the Clerk’s Office a copy fee of $.10 /sheet will be assessed.)

Initial that you received a copy of the Ethics Policy: Initial _________ Date ___________

VERIFICATION BY OATH OR AFFIRMATION

STATE OF ____________________________ COUNTY OF ____________________________

I, the undersigned Complainant, being duly sworn, depose (Affirm) and say that the information in this Complaint is true, and correct to the best of my knowledge and belief.

__________________________
Signature of Complainant

Sworn to and subscribed before me on the _________ day of _______________________. 20______.

__________________________
Signature of Notary Public

My Commission expires ________________________