



**CITY OF EAST POINT
ETHICS BOARD COMPLAINT FORM**

c/o City Clerk's Office
2757 East Point Street
East Point, GA 30344
404-270-7090

For Internal Use:
Date Stamp:

Complaint #:

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:

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

VI. TOTAL NUMBER OF PAGES IN THE COMPLAINT (including exhibit(s): _____

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

VII. 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](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 _____