COMPLAINT FORM TO THE ETHICS COMMISSION

Mail or Deliver Completed Form to: Ethics Commission

In care of the City Clerk's Office

City Hall

45 Lyon Terrace, Bridgeport, CT 06604

Type or Print Clearly <u>"Confidential for Ethics Commission Only"</u>

Confidentiality Notice: Please be advised that the respondent will be provided with all the details of this complaint.				
YOUR NAM	ΛΕ:			
STREET AI	DDRESS:			
CITY, STAT	ΓE, ZIP			
TELEPHON	IE:			
Name of the City official or employee you feel violated the City's Ethics Ordinance 2.38 against conflict of interest.				
EMPLOYEE's OR OFFICIAL'S NAME:				
TITLE and/or POSITION (if known):				
AGENCY/DEPARTMENT (if known):				
HOME ADDRESS (if known):				
Give a brief description of your claim that the person named above violated the City's Ethics Ordinance 2.38. Please avoid statements of opinion; confine your statements to matters of fact. You may attach to this form more details and supporting data if you wish.				
NOTE: Any investigation to determine whether or not there is probable cause to believe a violation of this chapter has occurred shall be confidential and no person shall disclose his knowledge of such investigation to a third party unless the respondent requests that such investigation and disclosure be open. (Ordinance 2.38)				
This complaint form is to be signed by you under penalties of false statement.				
Signature:			Date:	
Total Number of pages including this one:				