

## **CITY OF KINGSTON BOARD OF ETHICS**

## **ETHICS COMPLAINT FORM**

(Please Type or Print)	Date:				
YOUR INFORMATION or ATTO	RNEY COMPLAI	NT ON THE BEHA	LF OF:		
Mr./Mrs./Miss/Ms. Last:		First:		_MI:	Suffix:
Address:					
City:	State:	ZIP:	Telephone:		
Email:					
LITIGATION:					
If the subject of this complaint caption, court, and docket nur	mber of the case	e:			
PRIOR COMPLAINTS CONCERN	NING THIS MATT	TER:			
Have you previously filed a colagency or other office? YES	•	-	vith the Ethics Boa	rd, City /	Town / County
If so, please identify the agend taken:			-		
INSTRUCTIONS:					
A written and signed statemer considered. Therefore, under circumstances of your compla and addresses of other individ or illegal, etc. Please attach cooriginal documents and wish t documentation, please explain	Statement of C int, including re luals involved in opies of all corre them returned t	omplaint, please levant dates, con such legal matte espondence and/	fully and complete tacts you made w r, exactly what co or documents rela	ely set for ith any at nduct you ting to yo	th the facts and torney, the names a believe is unethical our case. If you send



## STATEMENT OF COMPLAINT:

Public officer/employee subject to complaint (i.e. Respondent):	
Public position held by Respondent:	
Approximate date of alleged violation(s):	
Description of conduct by Respondent and Section of Ethics Ordinar	nce alleged to have been violated:
(Note: Attach as many additional pages as necessary to fully set fort circumstances surrounding your complaint.)	h all of the relevant facts and
(Your Signature)	 (Date)