WASHINGTON COUNTY ETHICS COMMISSION

c/o Office of the County Attorney Washington County Administration Building 100 W. Washington Street, Suite 1101 Hagerstown, Maryland 21740

ETHICS COMPLAINT FORM

Instructions:

- Please type or print the information requested.
- Use of this form is not mandatory, but all of the information requested below should be provided when a complaint is made.
 - Anonymous complaints are not accepted.
 - The Ethics Commission only has the jurisdiction to consider violations of the specific provisions of the Ethics Ordinance. General allegations that conduct is "unethical" cannot be considered unless the conduct would constitute a violation of the Ordinance itself.

Information about the Complainant:

Name of person making the complaint: ______

Address: _____

Email address: _____

Telephone number(s):

Home:	
Cell:	
Work:	

Preferred method of communication: _____

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Information about the complaint:

Provide the specific provision of the Ethics Ordinance that you believe has been violated:

Name of official or employee who is the subject of the complaint: ______

Describe the facts and circumstances that support the complaint. (Provide as much detail as possible. Attach additional pages if necessary.)

Attach any relevant records in your possession or control that you want the Ethics Commission to consider in reviewing your complaint.

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Witnesses:

Identify any witnesses who have personal knowledge of the facts and circumstances related to the complaint:

1.	Name:
	Address:
	Email address:
	Telephone number(s):
	Relevant information:
2:	Name:
	Address:
	Email address:
	Telephone number(s):
	Relevant information:
3.	Name:
	Address:
	Telephone number(s):
	Relevant Information:

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I hereby affirm under the penalty of perjury that the contents of this complaint, including any attachments, are true and correct to the best of my knowledge, information and belief.

Complainant's Signature

Date

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