



SHIVELY BOARD OF ETHICS COMPLAINT FORM

1. Date of Complaint: _____
2. Name of Complainant: _____
3. Complainant Contact Information:
 Address:
 Telephone:
 Alternate Phone Number:
 Email:
4. I make this complaint under oath against _____
 (Name of city official or employee)

Who is _____
 (Description of Official's title or job description)

I believe _____ has violated the city's Code of Ethics, Chapter 38, CODE OF ETHICS, [CHAPTER 38: CODE OF ETHICS \(amlegal.com\)](http://amlegal.com). Ordinance No. 18, Series 1994.

(ATTACH COPIES OF PERTINENT DOCUMENTS, DATES, FACT AND CIRCUMSTANCES)

5. I agree to cooperate with persons assigned to investigate this complaint: ___Yes ___No
6. I am willing to appear and testify if a public hearing is conducted on these charges: ___Yes ___No
7. The facts in this complaint are true to the best of my knowledge and belief: ___Yes ___No

VERIFICATION

Complainant

I _____ (print your name), declare under oath the above is true to the best of my knowledge.

 (Signature) (Date)

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

By _____

 Notary Public

My commission expires _____.