

Town of Stratford Ethics Commission
Ethics Ordinance Complaint Form

1. Person filing this complaint (*the complainant*):

Name: _____ Date: _____

Address: _____

Telephone Number(s): _____

2. Person against whom this complaint is being filed (*the respondent*):

Town employee Elected official Appointed official Consultant/Contractor

Name: _____

3. After referencing the Ethics Code (found on Town web page and Town Clerk's Office, indicate in the box(es) below the subsection of the Ethics Code (# 5-26) that you believe has been violated:

- §5-34A Conflict of Interest
- §5-34B Use of Influence
- §5-34C Disclosure of Confidential
- §5-34D Gifts, gratuities and favors for personal use
- §5-34E Use of Town Resources
- §5-34F Preferential treatment with contracts
- §5-34G Paid contractors - *Conflict of interest, Representation, Kickbacks*
- §5-34H Prohibition against contingent fees
- §5-34I Post-employment representation and employment
- §5-34J Disclosure of actual/potential conflict of interest, disqualification and waiver
- §5-34K Whistleblower protection

4). State your complaint and specify/describe the acts or activity that you believe to be in violation of the Ethics Code:

5. Evidence or documentation that supports your complaint must be attached and seven (7) copies must be provided of this completed form. Only the original form needs to be notarized. Seal and return this form with all of the attachments and copies to the Ethics Commission in care of the Office of the Town Clerk, 2725 Main Street--Room 101, Stratford, CT 06615-5892.

6. I, _____, being duly sworn, do hereby state that I am the complainant herein, and that I have read the foregoing complaint and know the contents thereof and that the same is true, and that the said complaint is hereby made upon my own personal knowledge, except to the matters therein stated on information and belief and that as to these matters I believe the same to be true.

False statements made intending to mislead a Public Servant are punishable under law--Connecticut General Statutes § 53a-157 (Class A Misdemeanor).

Dated at _____, Connecticut, this ____ day of _____, 20____.

Witnesses:

Complainant's signature

Subscribed and sworn to before me this ____ day of _____, 20____.

Commissioner of the Superior Court/Notary Public